This certificate shauld be executed within 24 haurs after death

necessary, please execute the certificate, writing the ward "pending" in pencil in Itery the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Of

DICAL EXAMINER:

TO DEPUTY

5 may be retained for your files.

VR A15ME(S) 10M REV. 1168

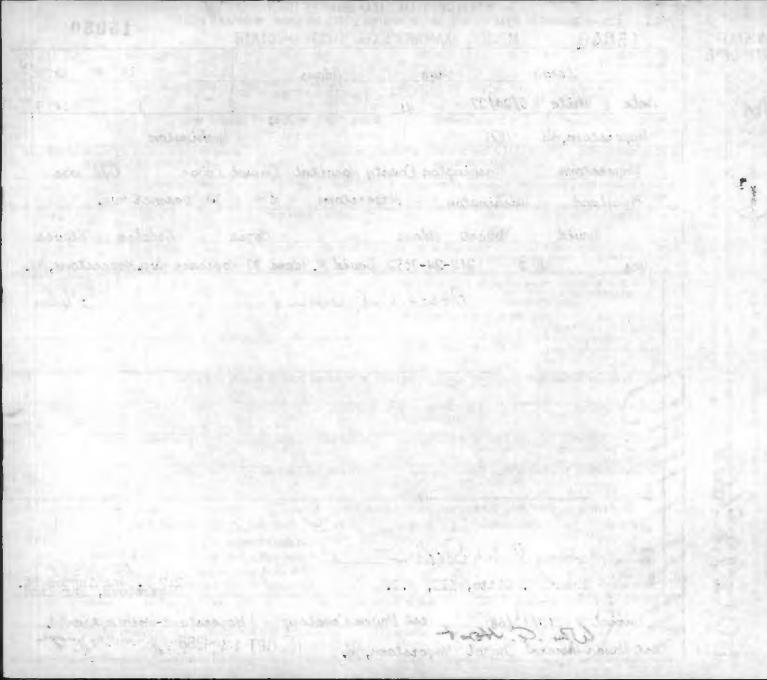
2

Health prior to burial, crematian, ar remaval, and in any event within 72 haurs after death.

#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15050

47	150	40	MEDIC	AL EXAMIN	VER'S	CERTIFICAT	E OF D	EATH			TOO!	00	
	ECEASED-NAME Type or Print)	First		Middle		Lost		179	20. DATE KNO	WN Mon	th. Doy	Year	26. НОЦЕ
,	type at rinit	Leron	1	Frye		Ada	ita.		OF ES		0 8	1968	19/01
3. 5	EX	4. RACE	S. DATE OF BIR	CTH 6.	AGE (In years	MONTHS DAY		R 24 HRS	2c. DATE PRON				2d. HOUR
	Male	White	6/24/2	27	41 YF		) MOUNS	WIN.	Manth	Doy	Ye	19 G&	9 40 1
	BIRTHPLACE (Stote		. CITIZEN OF WH	AT COUNTRY?	8. N	ARRIED NEVER	MARRIED 🔀	9. COL	INTY OF DEATH				
cour	Itry Hager	stown, Md	USA				IVORCED _		Washing				M
	CITY OR TOWN OF		11. N	AME OF HOSPITAL OF	R INSTITUTION	ON (If not in hosp						IND OF BUS	INESS OR
		rstown	wax	unungton (	Count	y Hospia	al Co	asual	Labor		Odd	Toba	
13a.	USUAL RESIDENT	E (Where deceases	lived, if instite	itian: Residence bet			13d, INSIDE CITY		13e. STREET AN		~		
	dmission STATE		Washir			erstown	YES 🔀		30 Ko	essner	Hue.		
14. f	ATHER'S NAME	First	Middle	Lo	ost	IS. MOTHER'S	MAIDEN NAME	First		Middle		Łasi	
	I I I I I I I I I I I I I I I I I I I	David	Robe					Mazie	2	Sedal	ia	Stov	er
	WAS DECEASED EV les, ng, pr unknow	ER IN U.S. ARMED FO	RCES? in pridotes of service)	16b. SOCIAL SECURIT		17, INFORMANT	01		n	ADDRESS			** *
_	yes	<u> </u>	V 2	212-24-3	1052	David R.	Hdams	30 F	Koessne	t Hue.	dager	APPROXIMATE	
		DEATH (Enter only EATH WAS CAUSED		ne far (a), (b), and	(c).)	A .					В	ETWEEN ONSET	
	O C		E CAUSE (o)	MASI	HE'C.	Polson	ing				-	341	030_
1	750	/	DUE TO, OR	AS A CONSEQUENCE	OF		- 1						
		ny, which gove )	(b)										
	stating the un	derlying couse	DUE TO, OR	AS A CONSEQUENCE	OF								
	_	,	(c)										
	PART 2. OTHER	SIGNIFICANT CONDIT	IONS CONTRIBUT	ING TO DEATH BUT I	NOT RELATE	D TO THE TERMINA	L DISEASE OR	CONDITIO	ON GIVEN IN PAR	T 1(o)			
NOU	190. DATE OF O	PERATION		19b. CONDITION FO	R WHICH D	PERATION		-			13	O AUTOPSY	79
FICA	True WHIL OF U	ENGLIVE		WAS PERFORM		LIGHTIVII					-	YES [	NO F
CERTIFICATION	210. EXTERNAL	AUSE WAS	21b. TIME OF	INJURY Manth, Doy,	Yeor	21c. HOW INJURY	OCCURRED (F	nter notu	re of injury in P	ort 1 or Port 5	2 (tem 18.)		100 🕒
	PRIMARY O	R CONTRIBUTING	HOUR A.	M.	19				o or injury in I	I W. I OIL I	.,		
MEDICAL	21 d. INJURY OCC		- 1	M. At hame, farm, stree		21f. LOCATION Str	eet or R.F.D. N	0.	City or Ta	wn	Coun	nty	State
			ary, affice buildin										
			k charge of t	he remains descr	ihed aha	ve helden A	itansy 🗔	lav	spectian ,	Inquire	4	and in so	v aniniar
		sulted fram:				Suicide	, ,			ined mann		ana III (II	y upiniui
	Gedin 16	C C	Autoral Cab	, MILLIO	, L					med munn			
	ACTUAL	School .	la la	144	9. 71		CHIEF MEDICA ASSISTANT ME			22b, D	ATE SIGNED	)	
	SIGNATURE			NEVIC		m.D.			INER T		10-1		6
	EXAMINER'S NAME (Type)	Edward	W. Ditt	o, III,	M.D.				wn, or county)	217 W.	Wash	ingto	
230	BURIAL, CREMAT	TON, 23b. D				RY OR CREMATORY			LOCATION (City		(Count		tote)
	REMOVAL (Speci	21. 10	/12/68	Res	it Has	en Ceme	terus	ld.	agersto	um-lilea	himat	OM-M	1
	FUNERAL DIRECTO	OR G The	C 4	AD	DRESS		256. REC	D BY REC	GISTRAR _ L	Sb. REGISTRA	R'S SIGNATI	UR	A.R.
!	Rest Hau	en Juner	al Chan	el Hage	estowi	r.Md.	DATE O	CI 1	4 1968	1	-,00	9	7



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15051

to FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon page 1. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hays after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The fow requires that the death certificate by executed within 24 hours after death. Poge 4 may be retained by the hospital or ottending physician.

1504	11	DIVISION OF	MAL RECORDS		ICATE OF			L, ITIPUL	10AND 21201	1505	1
I. DECEASED-NAME	First		Middle		Lost		2a. [	DATE OF D			2b. HOUR
(Type or print)	Nine	L	Marie		Bool	er		Oct	Month Doy	1968	1:50P
3. SEX		4. RACE			S. DATE OF	BIRTH			6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
Female		White			Dec	. 31,	1881		last birthday)	MONTHS DAYS	HOURS MIN.
70. BIRTHPLACE (State	or foreign	7b. CITIZEN OF WHA	AT COUNTRY?	8. MARRIE	ED NEVER M			NTY OF D	EATH		
Boonsbere,	Md.	U. S. A		WIDOW		DRCED [	Wa	ashin	eton		M
IO. CITY OR TOWN OF D		11. NA	ME OF HOSPITAL OR	NSTITUTION (	If not in hospital		SUAL OCCU	PATION (	Kind of work done		F BUSINESS OR
Hagersto	owen	give st	reet oddress)	Murair	e Home	during	most of w	vorking lil	le, even if retired.)	OWD	Home
130. USUAL RESIDENCE		d lived, if institution	n: Residence before	e 13c. CITY	OR TOWN	13d. INSIDE CIT			ET AND NUMBER	O H 42	House
odmission) STATE		13b, COUNTY	eten	Boor	aboro	YES	NO 🗌	19	Saint Pau	13 St	
14. FATHER'S NAME	First	Middle	Lost	1 23-01-01-4	15. MOTHER'S	MAIDEN NAME	First		Middle		Lost
14	lichael		Bende	r		Mai	2***		E.	Brown	nler
16g. WAS DECEASED EV	ER IN U.S. ARME		16b. SOCIAL SECURIT		7. INFORMANT		-		Address	24 0 10	44.4
Yes, no, ar unknawn	(If yes give wo	r or dates of service)	218-50-4	311 D	fr. Jame	es M.	Beele	r . 19	consbero.	Marrel	and
			for (a), (b), and (			1				APPRO)	KIMATE INTERVAL
	TH WAS CAUSED	BY:	Righ	5 1	een'	legi	_				ONSET AND DEATH
1/22	IMMEDIAI	E CAUSE (a)	-						-	3	, 00, 9
Conditions, if ony	which gave	DUE TO, OR AS	A CONSEQUENCE O	- 2	the	olu	600	. ,		3 4	seeks
rise to immediat		(b)	Color			-	0 - 5			-	
stating the under	orlying couse		A CONSEQUENCE O	eral	2115	ente	vis-	ele:	20551	Yea	-
_	)	(1)		T		IN DISTAGE O	n collection	NAL OBJECT	III nine st. s		
PART 2. UTHER SI	IGNIFICANT CON	OHIONS CONTRIBUT	ING TO DEATH BUT	NOT KELATED	TO THE FERMIN	IAL DISEASE O	RECONDITIO	ON GIVEN	IN PAKI I(0)		
NO 10 DATE OF OPEN	ATION 1105 C	OHDITION FOR WAIL	U OBERATION WISE	OCD CO COLOR	T00: 410	Po boun		Taot it v	TO WITH CIMPINGS (	ONCIDENTS IN	CERTICALING
190. DATE OF OPER	ATION TYD. C	UNDITION FOR WHI	CH OPERATION WAS I	PERFORMED	20a. AU YES				ES, WERE FINDINGS C OF DEATH?	ONSIDERED IN	LERISTYING
		m - m: +1111m w.		21c.	HOW INJURY O	CCURRED (Er	nter nature	of injury	in Part 1 or Part 2,	Item 18.)	
OR CONTRIBUTING			Month Day Yea	19							
ZIG. INJUKT ULL	URRED 21e. f		AT HOME, FARM, STREET, I OFFICE BUILDING, ETC.	FACTORY, 1 21f.	LOCATION Str	eet or R.F.D.	Na,	City o	r Town	County	Stote
While Nat wl	71.0	,	OFFICE BUILDING, ETC.	1							
22a. I certify	thot (I) (this	hospital) atte	nded the decea	sed from.	11-14	- 19	57	to_O	curred on the do	68 , tha	t (I) (we) la:
saw the	deceased ali	ve on Do	+ 19	1968	and that in (	my) (our) o	pinion d	leath ac	curred on the do	ate and haur	and from th
		(we) (did) (	did not) view th	e body afte	er deoth.			11			
22b. SIGNATURE C	Tolet	uo us.	<i>a.</i> *		ATTEN	ING P	MED.		STAFF 22c.	DATE SIGNED	- 68
	/	aco aco.	ar-	DI	GREE PHYS.		DIRECTOR		PHYS.	10-01-	04
22d. PHYSICIAN'S NAME (Type)	Jose	PH S	ECON	DAR	22e. Al	DDRESS	B	000	5 BORO	rd 21	215
23a. BURIAL, CREMATIO					OR CREMATORY				(City ar Town)	(County)	(State)
REMYAH SELITY	10	- 22- 68	Boons	pere (	emetery		Во	onsb	ore, Wash	. Co.,	Md.
24. FUNERAL DIRECTOR			AD DRES			25a. REC'D			25b. REGISTRAR'S		
John H. Ba	st, Jr.	112 N.	Main St.	Boons	boro. I	COLONTE U	ICT 2	4 K	368 gcu	arles &	MAGE

VR A15 (4) 30M REV, 1/68

12021 5 Paurite Booksborg, M. J. J. J. Marketon Hardware Clearater Nurcling Home Housewills (Com House Littling outsides I provide a paragraph confere. Modern Termina 276-53-6217 Mr. James E. SeeMer. Boomstone, VaryLank Markel 70-31-35 consider Genetary Brondson, Mar. Jo., Mr. BUE 1 1 700 John . dogs; Ut. 112 H. Main St. Socnators, No.

death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely (illed in by the pheral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar to burial, crematian, or r≡maval, and in any event, within 72 hours after death.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

Page 4 may be retained by the haspital ar attending physician.

30M REV 2 68

OF VITAL RECORDS,	301 W	. PRESTON	STREET,	BALTIMORE,	MARYLAND	21201
	FPTI	FICATE C	TE DEA	TH		

1. DECEASED-NAME (Type or print)	First Joshus		Middle Paul	1	Lost Biser	20	. DATE OF DEATH Mont	h Doy	Yeor	2b. HOUR
3. SEX		4. RACE	raul		5. DATE OF B	IDTU	October			IF UNDER 24 HRS.
		1, ***					6. AGE (last bir	thday)	MONTHS DAYS	HOURS MIN.
Mal.e  7a. BIRTHPLACE (State	or foreign 7b	White CITIZEN OF W	HAT COUNTRY?	8. MADDIED T	NEVER MAI	25, 1899	OUNTY OF DEATH	1107	10 8	
Mt. Carme		U. S.		WIDOWED [	_	WILD .	Washingto	190		M
10. CITY OR TOWN OF	DEATH	II. N	AME OF HOSPITAL OR street address)	INSTITUTION (If no	nt in hospitol	12o. USUAL OC	CUPATION (Kind of working life, even	work done	12b. KIND OF I	BUSINESS OR
30, USUAL RESIDENCE	(Where deceosed	lived, if institution 13b. COUNTY	tion: Residence befor	e 13c. CITY OR	TOWN	13d. INSIDE CITY LIMITS? YES NO	13e. STREET AND			
Maryla	nd	Waghi	ngton	Boons		- 4	188	d. 2		<u> </u>
14. FATHER'S NAME	First	Middle	lost		. MOTHER'S M	AIDEN NAME First		Middle	-	Lost
160. WAS DECEASED EV	dwin	CODCCCO	Pise		NFORMANT	Car	rie			Look
Yes, no, ar unknown	YEK IN U.S. AKMED  (Il yes give wor or	dates of service)						Address		363
NO.			215-36-6		ssibeli	18 M. 518	er, Rfd.	2, 500	APPROXIA	MATE INTERVAL
18. CAUSE OF D	EATH (Enter only of TH WAS CAUSED B	d .	ne for (o), (b), and t						BETWEEN ON	NSET AND DEATH
TAKI I. DIA	IMMEDIATE	CAUSE (o)	Pulmonary	edema	and an	euria			8 h	rs.
412		DUE TO, OR	AS A CONSEQUENCE	DF						
Canditions, if an		fb) 4	Arteriosc	lerotic	heart	disease			2 yı	rs.
rise to immedia stoting the und			AS A CONSEQUENCE							
last. 4	enying coose	(c)								
			ITING TO DEATH BUT	NOT RELATED TO	THE TERMINA	L DISEASE OR CONDI	TION GIVEN IN PART	1(n)		
		-		1101 110011100 10	1116 184111114	a program or correction		. ( )		
190. DATE OF OPE			3 yrs. )	DEDECIDATED	20a, AUT	2V201	20b. IF YES, WER	E FINDINGS CO	NSIDERED IN CE	PTIEVING
190. DATE OF OPE	KATION 170. CO	DITION FOR WE	HICH OPERATION WAS	FERFORINED	YES T		CAUSES OF DEATI		MAIDERED IN CE	KIII /IIIO
E 210 ACCIDENT V	VAS UNDERLYING	21b. TIME O	E IMIIIAU Z	Int. He			ure of injury in Port	1 or Bost 2 It	torn 101	
	CAUSE OF DEATH		Month Doy Ye		M HOURT OC	COKKED (EIIIBI IIOII	ne or injusy in rost	I UI FUII Z, R	eiii io.j	
OR CONTRIBUTING	medical examiner)	P.M.		19						
	URRED 21e. PL	ICE OF INJURY	AT HOME, FARM, STREET, DEFICE BUILDING, ETC.	FACTORY.) 21f. LO	CATION Stre	et or R.F.D. No.	City of Tawn		County	Stote
While Nat w	ork 🗀						- 1 To 100			
22o. I certify	that (I) (Hoss	haspital) att	ended the deced	sed fram	1/28	, 19.65	, ta10, deoth occurred	2, 19	_68_, that	(I) (west to
saw the	deceased alive	e on	LU/Z	_19 <u>68</u> _, one	thot in (n	ny) (XXXII) opinior	deoth occurred	on the dot	e and hour o	and from th
	toted above, (	) (syste) (strict)	(did not) view th	e body after o	leath.					
22b. SIGNATURE	X /11	1 pi	1		ATTEND	NG 6 MED.	STAFF		ATE SIGNED	
	010	la		DEGR	111132	DIRECT	OR PHYS.	10	)/2/68	
22d. PHYSICIAN'S NAME (Type		T 14			22e. ADI					
MAINE (Type	Donald	E. Ma	rtin, M.D	•	363	S. Cleve	land Aver	iue, Ha	gersto	wn, Md
230. BURIAL, CREMATI		E	23c. NAME (	OF CEMETERY OR	CREMATORY	23	d. LOCATION (City or	Tawn)	(County)	(Stote)
REMOVAL (Specify	10	- 4- 61	Beon	sbero Co	meter	F	consboro,	Wash.	Go.	Md.
24. FUNERAL DIRECTO			ADDRE			2So. REC'D BY RE	GISTRAR 25b.	REGISTRAR'S	SIGNATURE	
John H. Be	est. Jr.	112 N.	Main St.	Rooneh	ere l	HOLT OCT	4 196R	Ochon	Van Crea	Laz

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Tage of the state of the state

State toroctered description that the Page

To. 21-25-550y Historian H. Miner, Ediv R. Benshorov Mt.

BOLDE : 30-1-12 N. Main St. Secondorse, Mi. Oll 1 1858 Exercic Jugar.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

70070			CERTIFICA	TE OF DEA	TH			200	00
1. DECEASED-NAME	First ,	Middle		Lost	20.	DATE OF DEATH			2b. HOUR
(Type or print)	ohn	Allen		Boward		October	25	1968	H
3. SEX	4. RACE		2	DATE OF BIRTH		6. AGE (In lost birthe	years	IF UNDER 1 YEAR MONTHS OLYS	IF UNDER 24 HRS. HOURS MIN.
Male		White		December		14 53	YRS.	MUNITIS ORTS	nooks mm.
o. BIRTHPLACE (State or fareig			8. MARRIED	ENEVER MARRIED	9. COL	INTY OF DEATH			
Hagerstown, 17			WIDOWED		·	Vashingto			Md
O, CITY OR TOWN OF DEATH	niv	NAME OF HOSPITAL OR IN e street oddress)		do	a. USUAL OCCU	JPATION (Kind of wo	rk dane	12b. KIND OF	BUSINESS OR
Hagersto	wr	washington	2 Co. Hos	prial	JANCK	Drwer		Coal	3lda. Sur
13o. USUAL RESIDENCE (Where			13c, CITY OR T	wre I	DE CITY LIMITS?	13e. STREET AND NU		<i>-</i> .	
Maryland		hington	Hager			40 Alexa	_	St.	
14. FATHER'S NAME First	Middle	Lost	)	MOTHER'S MAIDEN N	_		Middle		Last
Lloyd			oward		Elsi	e	May		Togle
16g. WAS DECEASED EVER IN U.		16b. SOCIAL SECURITY		ORMANT		· ·	ddress	e 1.	Md.
Yes, no, arynknawn) (If y		217-09-97	794 Mrs	-Jona H.	Boward	40 Alexa	rder :		
18. CAUSE OF DEATH (Er		line for (o), (b), and (c)	.)						IMATE INTERVAL ONSET AND DEATH
PART 1. DEATH WAS	CAUSED BY: AMEDIATE CAUSE (o)	Bilateral	lobula	r pneumor	nia			3 -	4 days
4/20	DUE TO, OF	AS A CONSEQUENCE OF							
Canditions, if ony, which	gove) (b) h	ypertensiv	e cardi	ovascular	disea	ise and be	nign	10-15	years
rise to immediate coust stating the underlying o	(0), OUR TO OF	AS A CONSEQUENCE OF							
last.		nephroscle	rosis						
PART 2. OTHER SIGNIFICA	NT CONDITIONS CONTRI	BUTING TO DEATH BUT N	OT RELATED TO	HE TERMINAL DISEA	SE OR CONDITI	ON GIVEN IN PART 1(	2)		
= 443x									
19a. DATE OF OPERATION 21g. ACCIDENT WAS UND	19b. CONDITION FOR V	HICH OPERATION WAS PE	RFORMED	20a. AUTOPSY?		20b. IF YES, WERE F	INDINGS CO	NSIDERED IN C	ERTIFYING
E				YES 🖳	NO 🗌	CAUSES OF DEATH?			
				INJURY OCCURRED	(Enter noture	e of injury in Port 1 o	r Port 2, It	em 18.)	
OR CONTRIBUTING CAUSE									
		( AT HOME, FARM, STREET, FA		TION Street or R.	F.D. No.	City or Town		County	Stote
While Nat while at wark		***************************************							
22a. I certify that (	l) (t <del>his hospital)</del> a	ttegded the deceas	ed fram	10721	1965	to Oct 2	£, 19_6	that	(I) (we) las
sow the deceos	ed alive on O	23	1966 and	thot in (my) ( <del>a</del> e	<del>rr)</del> opinion	death accurred o	n the dat	e and havr	and fram the
	ibave, (i) ( <del>we</del> ) (dic	(did not) view the	bady affer de	arn.			22. 0	ATE SIGNED	
22b STGTMATURE	7 7 - 0	Sh -	DEGREE	ATTENDING IS	MED.	STAFF C	_	U - 26 -	61-
228 PHYSICIAN'S	NO	10-III	DEGKE	1.111.01	DIRECTO	Washing to			.67-
NAME (Type) Folg	ward W. Dit	tto. TTT. M	[. D.	ZZE. MUUKESS	110	Manual M	7 001	. 600	

23c. NAME OF CEMETERY OR CREMATORY

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages I and 2 should be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after death. VR A15 43 30M REV. 188

230. BURIAL, CREMATION, REMOVAL (Specify)

tie be executed within 24 haurs after

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certif

Page 4 may be retained by the haspital ar attending physician.

Rest Haven Juneral Chapel Hagerstown, Md.

23b. DATE 10/28/

Rest Haven Cemetery Hagerstown-Washington-Md.

ADDRESS | 250. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE |

Hagerstown Md. DATE OCT 2 9 1968 | Clearles June |

DATE OCT 2 9 1968 | Clearles June |

DATE OCT 2 9 1968 | Clearles June |

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(City or Tawn

(County)

(Stote)

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ESTAL CHARLET TO THE PROPERTY OF LANCE White Board 17 T which the state of entralification of the state of installant and institution to be a few and a second and a Ac ashedral Do material indicates the Specific the party and the second by a large mathematic and the second of t Report April 1975 See and a profit Mathematical and the service Harrison Control of the Control of t west De Charact and was made made a section of the contraction of See Carried See Carried and Section of the Section

#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15054

		TOOME		(	EKITICA	HE UF DEAL	п			
		CEASED-NAME	First	Middle		Losi	2a. DATE OF DEATH			2b. HOUR
	(I)	ype ar print)	loodrow	W.	E	owers	Oct.	1th 24 Day	1968ear	8:15
	3. SE	X .	4. RACE		9	. DATE OF BIRTH	6. AGE	(In years	IF UNDER 1 YEAR MONTHS I DAYS	IF UNDER 24 HRS
1		Male	1	White		7/15/11	1051	ythday) 7 YRS.	MONTHS DAYS	HOURS MIN
/ [	70. B	IRTHPLACE (Stote or forei	gn 7b. CITIZEN OF	WHAT COUNTRY?	B. MARRIED	NEVER MARRIED	9. COUNTY OF DEATH			
	canu	""Maryland		SA	WIDOWED	DIVORCED [	WASHI	IGTON		N
71		TY OR TOWN OF DEATH HAGERSTOWN	giv	NAME OF HOSPITAL OR INS e street address) STERN MD. S		in hospital 120. durin	USUAL OCCUPATION (Kind of growth of working life, even mainten and		126. KIND OF INDUSTRY dry) he	BUSINESS OR
26	13o. odmi	USUAL RESIDENCE (Where	deceosed lived, if instit	ution: Residence before		OWN 13d. INSIDE	CITY LIMITS? 13e. STREET AN			
2	14. F	ATHER'S NAME First	Middle	Lost		MOTHER'S MAIDEN NAI		Middle		last
		W1111	am H.	Bow	100		ertrude		Holh	rook
	16o. Y	WAS DECEASED EVER IN U		166. SOCIAL SECURITY N	10. 17. IN	ORMANT	Vogt Bowers		E. Mai	in St.
-		18. CAUSE OF DEATH (E	ator calls are series and		202			West	APPROXI	MATE INTERVAL
		PART I. DEATH WAS	CAUSED BY:			nheaus				Mos.
		150X	MMEDIATE CAUSE (a)	AS A CONSEQUENCE OF	OT APC	buag as			- 444	MUS.
		Conditions, if any, which	gave)	THE PERSON NAMED OF THE PE						
		rise to immediate caus stating the underlying		R AS A CONSEQUENCE OF						
		lost.								
	Z	PART 2. OTHER SIGNIFICA	WT CONDITIONS CONTRI	BUTING TO DEATH BUT NO	OT RELATED TO	THE TERMINAL DISEASE	OR CONDITION GIVEN IN PAR	T 1(a)		
2	CERTIFICATION	190. DATE OF OPERATION	195. CONDITION FOR V	VHICH OPERATION WAS PER	RFORMED	20o. AUTOPSY? YES NO	20b. IF YES, WE CAUSES OF DEA		ONSIDERED IN C	ERTIFYING
	3	210. ACCIDENT WAS UNIT OR CONTRIBUTING CAUS	E OF DEATH HOUR A.A	I. Month Day Year		V INJURY OCCURRED (	Enter nature of injury in Par	t 1 ar Part 2, 1	tem 18.)	
	MEDI	21d. INJURY OCCURRED While Not while at work	21e. PLACE OF INJUR	( AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	TORY.) 21f. LOC	ATION Street or R.F.D	. Na. City or Town		County	Stote
		22a. I certify that	sed alive on	ttended the decease Oct 21 1 (diamet) view the l	968 and	that in (my) (1974)	968, taOct. apinian death accurre	211, 191 d on the da	68 , that te ond hour	(I) (wexto
		225. SIGNATURE	um 9	Paer 1	N Quegre		MED. STAFF DIRECTOR PHYS.	1	0/25/68	
1	0	22d. PHYSICIAN'S NAME (Type)	dwin G. Ri	ley, M.D.	1771	22e. ADDRESS V 1500 Per	Vestern Md. S Insylvania Av	tate H	ospital geratow	n, Md.
A	23a.	BURIAL, CREMATION, BEMOVAL (Specify)	23b. DATE /28/	68 11-42-1	CEMETERY OF C	ten Gen	23d. LOCATION (City	Mana	(County)	(State)
60	24.	EUNERAL DIRECTOR	1 0	ADDRESS	- 1	2Sa. REC	D BY REGISTRAR 25	. REGISTRAR'S	SIGNATURE	

ATOMI MATERIAL Application of the state of the TANDATE TANDATE STAR SLAN Harden (constant) extension to the rest of the constant of the Serviced Carroll Number 2 Land Co. Marking blibarel H watering The state of the s di Kon. Lawrence Stoll & STAR Light No. 1915

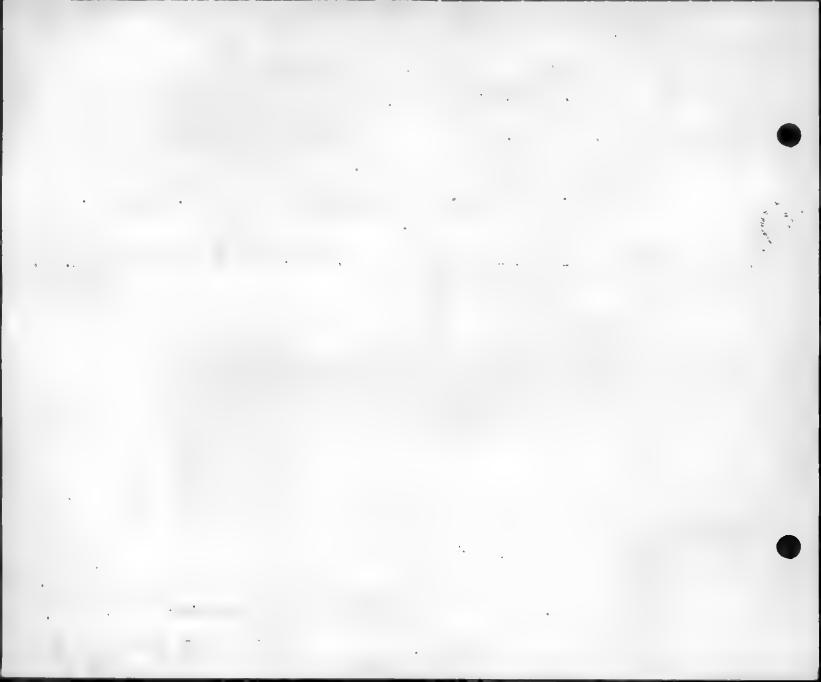
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	1504	5 DIVISIO		L RECORDS, 30' DICAL EXAN					AND 2120	1		ıı.	000	ð
	FASED-NAME pe or Print)	Forr		Mid A3	dle Llen	Last Br	eeden		20 DATE KNO OF ES DEATH MA	STI	Manth 10	Day 1 9	Year 1961	25. HOUR 4а м
3 SE)		4 RACE White	Jung	12 18 <b>9</b> 9	6. AGE (in years lest burthday) 69 ye	MONTHS DAY		24 HRS MIN.	2c. DATE PROF	NOUNCED		Yes		2d HOUR
countr	2.3	ı.	U.S		WI	NO.	OIVORCED [	Wa	or DEATH	ten		_		Md
Sh	or fown o	rg	9	1. NAME OF HOSPIT.	aplin a	St.	during D	mast of	UPATION (Kin working ife,	even fr	etired.)	INDUSTR	ND OF BUSI	NESS OR
13o. l adr	JSUAL RESIDEN mission) STATE	CE (Where derec	sed nyed, if it 13b. COUN	astitut on Residence	ten Sh	r or town	YES X		13e. STREET A		BER			
14. FA	THER'S NAME	First Ashby		iddle Bree	Last don	1S. MOTHER'S	_	First 30881	.0	Mid	dle		last Jenez	
	AS DECEASED EV	/ER IN U.S. ARMED /n) (f yes giv	FORCES? war or dates of sen	16b. SOCIAL SEC 232 = 2		17. INFORMANT Mrs. Je	sephin	Frj	She	ADDRES:	rd <b>st</b> e	own	W. V	/a.
	PART I ( 4/0 ) Cand I ans, if a	EATH WAS CALLED	ED BY:  IATE CAUSE (o)  DUE TO  (b)	corona, OR AS A CONSEQUATE OR AS	ry occ ENCE OF oscler		oronaı	cy a	rtery	di	seas	Su	APPROXIMATE IWEEN ONSET	AND DEATH
× 4	ART 2 OTHER  19a DATE OF C		DITIONS CONTRI	196 COND TIO WAS PERI	N FOR WHICH O		AL DISEASE OR I	CONDITION	GIVEN IN PAI	RT 1(o)		20	YES [7]	? NO [ <b>3</b> ]
DIS	PRIMARY OC CAUSE OF DEAT I'd INJURY OC WHILE AT WORK	R CONTRIBUTING H Curred 2.e	HOU	E OF NJURY Month, I IR A M. P M RY (At home, farm, illding, etc.)	19	21c HOW INJURY 21f. LOCATION Str			of injury in t		Part 2, It	čount		Stote
	22a I death re  ACTUAL SIGNATURE —  EXAMINER'S NAME (Type)  BURIAL CREMA	certify that I sulted fram:	Naturol		Accident [], Clulk  S  AME OF CEMETER	Suicide M.D.	, Ham cid CHIEF MEDICAL ASSISTANT MED DEPUTY MEDICA ADDRESS(Street	EXAMINER ICAL EXAMINI L EXAMINI , city, tow	NER DER TO THE TOTAL TOT	wash	25 DATE 1( ning	SIGNED	9/68 Cou	y apinion
24 F	PENDLATISPEC UNERAL DIRECT	OR I	ct. 21. Willia	-58   Ced umspert M	ADDRESS	Memeria	250 RECT	Fig.	STRAR	WES REC	GISTRAR S Clay		Md RE Jacoba	٠

5 may be retained far your files.

TO DEPUTY

Health priar ta burial, crematian, ar remaval, and in any event within 72 haurs after death.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

15056

First 2b HOUR DECEASED NAME Middle Lost 20 DATE OF DEATH (Type or print) ALBERT FRANK BROWN SR. 4. RACE 5. DATE OF BIRTH 3. SEX 6. AGE (In years 1E UNDER 1 YEAR lost birthdoy) MARCH 11. 1906 MALE WHITE 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 8. MARRIED X NEVER MARRIED country) DIVORCED [7] WASHINGTON WIDOWED [ 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPAT ON (Kind of work done 10. CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR during most of working life, even if retired.)
TUBE MILL OPERATOR give street oddress) INDUSTRY HAGERSTOWN WASHINGTON CEMENT 130, USDAL RESIDENCE (Where deceased lived, if institution; Residence before 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13c CITY OR TOWN 13b. COUNTY WA NO T HAGERSTOWN BROOKLINE AVENUE 14 FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First First Lost ALBERT BROWN SOMODITZ THERESA Address HAGERSTOWN . MD. 16b. SOCIAL SECURITY NO 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no. or unknown) 213-10-6922 BROOKLINE AVE. MRS HELEN 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY: Conditions, if only, which gove ) rise to immediate couse (o), DUE TO, OR AS, A CONSEQUENCE OF stating the underlying couse CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20g AUTOPSY? CAUSES OF DEATH? YES 🖂 NO [ 210 ACCIDENT WAS UNDERLYING 215. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury is Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, notify medicol exominer) 21d. INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY, ) 21f LOCATION Street of R.F.D. No. City or Town County Stote While Not while of work 220. I certify that (I) (ANS Nosphal) attended the deceased from saw the deceased give on 1968, and that in ( 1952 to Oze ( 1968, that (1) (Well lost 1961, and that in (my) tour) opinion death occurred on the date and hour and from the causes stated above, (1) (WE) (did) (did not) view the body after death. 22c DATE SIGNED 10/7/68 22b. SIGNATUR MED DIRECTOR PHYS. 22e. ADDRESS 22d. PHYSICIAN S NAME (Type) L PACKER JR., M.D. 145 W WASHINGTON ST., HAGERSTOWN, MD. 230 BUR AL, CREMATION, REMOVAL (Specify) 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) HAGERSTOWN REST HAVEN CEMETERY FUNERAL DIRECTOR 2Se REC'D BY REGISTRAR 1968

MARYTAND

requires that the death certificate be executed within 24 haurs after death

burial-transit O FUNERAL DIRECTOR: After this certificate has been

death.

15046

director, page 3 shauld be filed v

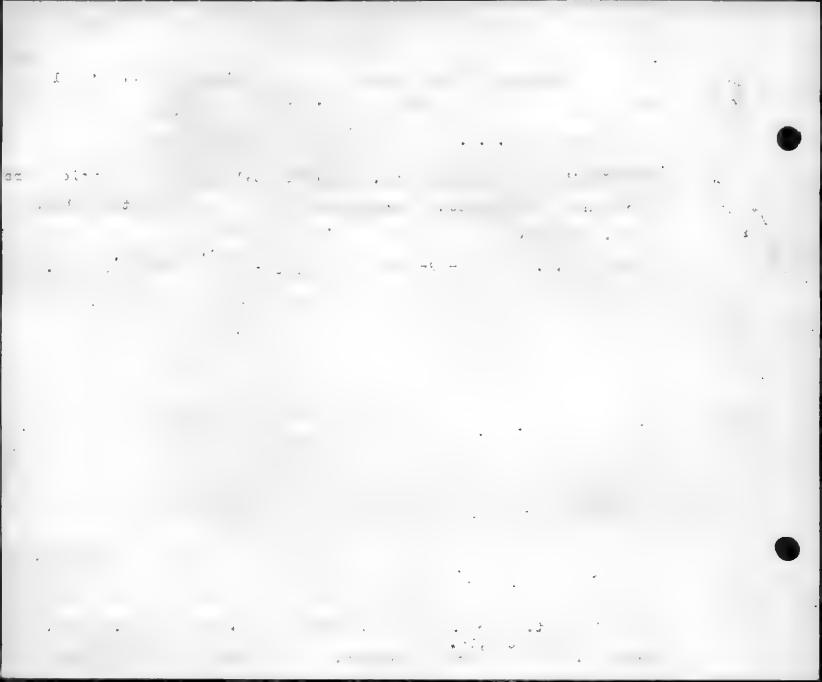


Andrew K.Coffman Funeral Home Inc.

DATO CT 1 8 1968

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30M REV

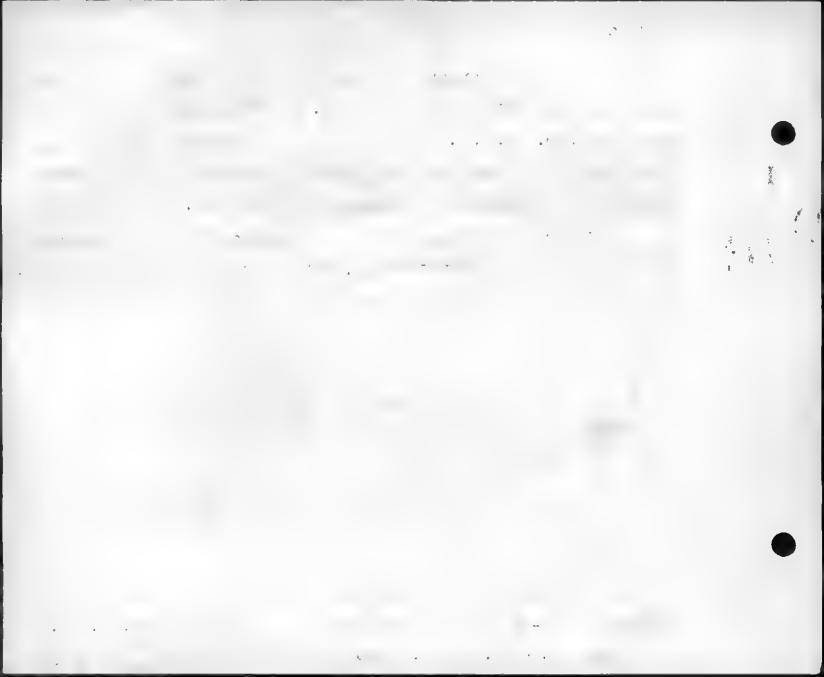




DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH, DEPT 1 DECEASED-NAME 2c DATE KNOWN (Type or Print) Campbell Rebert Yourtee DEATH MATED XX Oct.21 8P IF LADER 1 YEAR 4. RACE Oct. 24 IF UNDER 24 HRS 3 SEX 6. AGE [ in years 2c DATE PRONOLNCED DEAD 2d HOUR pup 1907 60 orthday) ge d 1968 Male White :45PM YRS 70 BIRTHP\_ACE (Stote ps. fore gn 76. CIT ZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Washington WIDOWED [ DIVORCED Washington Pages after death 10. CITY OR TOWN OF DEATH II NAME OF HOSPITAL OR INSTITUTION (If not in house of 120 JSUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR give street oddress)Koodysvillo Md RFD during most of working life, even if retired ) NOLSTRY Reads Keedysville RFD 1 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER 130 USUAL RESIDENCE (Where deceased fixed, if institution Residence before 13c. GTY OR TOWN death. odmission) STATE Md. 13b COUNTY Washington Keedysvilla Keedysville Md. RED YES NO 🔽 hours and 2 tem after IS MOTHERS MAIDEN NAME 14. FATHER S NAME First Rebert Annia Lee Campbell Beyer Examiner's pages hours 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 366 SOCIAL SECURITY NO 17 INFORMANT 437 Mechanie St. be executed within pencal (Yes, an or unknown) World War #2 220-10-3578 Mrs. John Line Magerstern Md. File APPROXIMATE INTERVAL within CAUSE OF DEATH (Enter only one cause per line for (a), (b), application PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (n) DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gove rise to immediate couse (a), This certificate should writing the ward stating the underlying couse .= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) o removal, used 190, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? pe NO F YES [ 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 0 MEDICAL PRIMARY [7] OR CONTRIBUTING [7] HOUR A.M DICAL EXAMINER: CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF NURY (At home, form, street, 211 COCATION Street or R.F.D. No. City or Town County Stote factory, office building, etc.) DIRECTOR: Page WHILE NOT WHILE AT WORK 22a. I certify that I taak charge of the remains described above, held an Autapsy ... Inspection Inquiry and in my opinion Natural causes 🖳 death resulted from Accident [ Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL FUNERAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type ADDRESS(Street, city, town, or county) 0 230 BURIAL CREMATIC 23d LOCATION (City or Town) 23b 23c NAME OF CEMETERY OR CREMATORY (County) REMOVAL (Specify) Mt. Sharpsburg Wash. Maryland View Constany 25o. REC D BY REGISTRAR 24 FUNERAL DIRECTOR 25b. REGISTRAR S SIGNATURE Albert L. Leaf Williamsport, Md. VR A15ME (5)



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15050 CERTIFICATE OF DEATH 1. DECEASED NAME Middle Lost 1 20. DATE OF DEATH First 2b. HOUR death. 24 hours after death. funeral 1 and (Type or print) Lloyd Albertus October 1968 Clark 6:10P 5. DATE OF BIRTH 3. SEX 4 RACE 6. AGE (In years IF UNDER 1 YEAR lost birthday) DAYS MONTHS HOURS Male Feb. 21. White 1903 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH B. MARRIED 1 NEVER MARRIED Beaver Creek. Md. U. S. A. WIDOWED DIVORCED [ Washington filled attending physician and completely filled permit. Then please remove carbon pap burial, crematian, or removal, and in any event, within NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10 CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR washington County Hespital during most of working life, even if retired.) Hagerstown 13a USLA, RES DENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13e STREET AND NUMBER 13d. INSIDE CITY LIMITS? Maryland Washington PHYSICIAN: The law requires that the death certificate be execut Hagerstown Rid. 14. FATHER'S NAME First Lost 15, MOTHER'S MAIDEN NAME First Middle William Clark Poffenberger 160, WAS DECEASED EVER IN U.S. ARMED FORCES? SECUR TY NO 17, INFORMANT Address Yes, no, or unknown) 705-10-5969 Nellie R. Clark, Rfd. 3, Hagerstown 18. CAUSE OF DEATH (Enter only one couse per line for (o) (b), and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY permit. IMMEDIATE CAUSE (a) 6 mo 5 DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if any, which gave ) nse to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been as the prior to noure CERTIFICATION 19a. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? none YES 🗌 be detached far use State Dept. af Health Page 4 may be retained by the haspital ar TO FUNERAL DIRECTOR: After this certificate 210 ACCIDENT WAS UNDERLYING 215. TIME OF INJURY 21c HOW INJURY OSCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBLTING CAUSE OF DEATH HOUR A.M. Month Day Year P.M. If either, notify medical examiner State Dept. 218 PLACE OF INJURY (AT HOME EARM, STREET, FACTORY.) 215 LOCATION 21d NIBRY OCCURRED Street or R.F.D. No. City or Town County State While I Na while I at work 22a. I certify that (1) this hespital) attended the deceased from 9-19-, 19-60, 10-, 17-, 19-60, 10-, 17-, 19-60, 10-, 19-60, 1 director, page 3 shauld shauld be filed with the causes stated abave (1) (we) (did not view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED DEGREE PHYS DIRECTOR 22d, PHYSICIAN S 22e. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23o. BUR AL, CREMATION, 23d LOCATION (City or Town) (County) (State) 68 Rest Haven Cemetery Hagerstown Wash. 250 REC'D BY REG STRAR 25b REGISTRAR'S SIGNATUR 24 FUNERAL DIRECTOR John H. Bast, Jr. 112 N. Main St. Beonsbore Md DATE 30M REV



# 2 any detay , 2, and 3 **TO FUNERAL DIRECTOR:** Page 3 shavid be used as a burial-transit permit. File pages 1 and 2 with the State Departmen P.M3. form necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18 Give Rogas after deem plomer haurs after death. This certificate shauld be executed within 24 hours the funeral director Page 4 should be forwarded to the Chief Medical Examiner's Office Health prior to burial, cremotian, or removal, and in any event within 72 DICAL EXAMINER: 5 may be retained far yaur

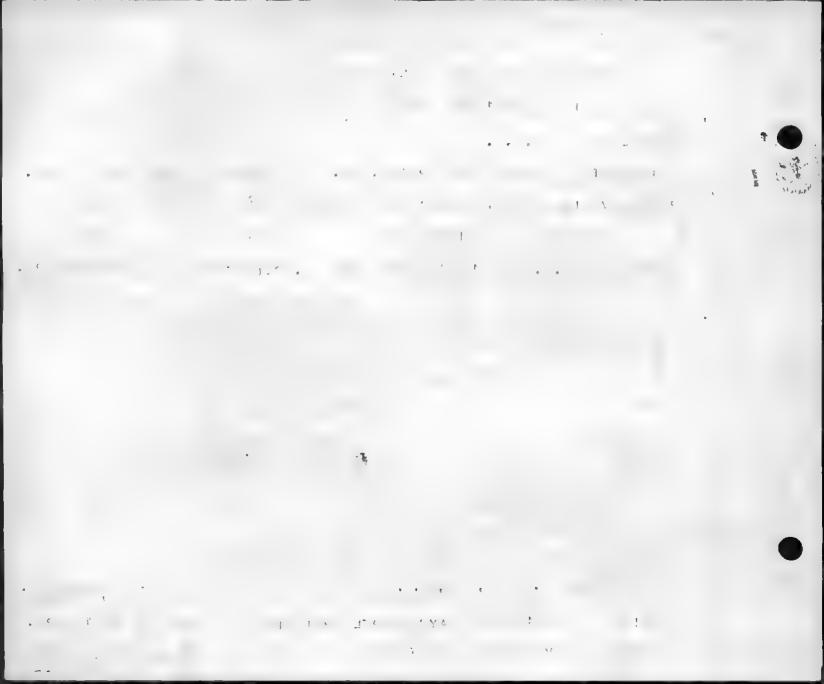
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1505% MEDICAL EXAMINER'S CERTIFICATE OF DEATH

15061

	ECEASED-NAME		First	Mide	lle	L	ost	2	o. DATE KNOWN Mo	nth Day Y	feor 2b HOUR
1	Type or Print)	HUBER	EMORY	EARL	CLING	BERMAN			OF ESTI- DEATH MATED	10 - 9	1964 738 M
3 5	EX	4. RACE	S. DATE OF B	RTH	6 AGE (in years	F UNDER	YEAR IF UNDER	24 HRS 2	c. DATE PRONOUNCED DEAL		2d HOUR
М.	ALE	WHIT	E 7/6/1	920	48 yrs		DR13 RQUR3	Interes	Month Day	Yeor	968+3 FM
4	BIRTHPLACE (St	ote or foreign	76 CITIZEN OF W	HAT COUNTRY?	8. MA	RRIED KINEY	ER MARRIED		Y OF DEATH ,		
COUL	MARYL	AND	U.S.A.		WID	OWED [	DIVORCED 🗀	1	n ashing to	u	Md
10, (	ITY OR TOWN	OF DEATH	11	NAME OF HOSPITA			spital 120 U	SUAL OCCU	PATION (Kind of work do	ne 12b KIND (	OF BUSINESS OR
_		TATE 7		LEAR S			C	LERK		TRUCKS	INC.
			eceosed lived, if insti-	tution: Residence			13d. INSIDE CTY		RFD #2		
-	dmission) STA		136 COUNTY			FORDS	BURG	40 <b>X</b>			
14 1	ATHER'S NAME	First	Midd		Lost	15 MOTHER	S MAIDEN NAME	First	Middle	_	Lost
_	International Property of the Intern	EMOR		CLINGE		<u> </u>		RTHA		Booi	R
	es, no, or unkno		es give war or dates of service)	16b SOCIAL SEC		17. INFORMAN			AF D	#2	
-	YES_		1.W. 2	159 12	5656	ZORA	E. CL	INGE	RMAN WARF	ORDSBU	RG. PA.
		<b>DF DEATH</b> (Enti- DEATH WAS C	er only one couse per AUSED RY			c.1	, .		_		N ONSET AND DEATH
	*		MEDIATE CAUSE (o)	Censt		i Jury	YUL C	hers	- L rugat	we Tr	uned.
	Conditions	fony, which go		R AS A CONSEQUI	INCE OF	1.1.	al he	2	Duray V.		
		adiote couse (	o) (b)			11 GFTC	int he	me 1	merce p		
	stoting the s	underlying cou	JSE DUE TO, O	R AS A CONSEQUI	Hirle	dolar					
	_		, (c)								
	PART 2 OTHE	R SIGNIFICANT (	CONDITIONS CONTRIBU	TING TO DEATH B	UT NOT RELATED	TO THE TERM	NAL DISEASE OR (	CONDITION	GIVEN IN PART 1(o)		
No	190. DATE OF	COEDATION		Link COMPLITION	FOR WHICH OP	EDATION				120 A	LTOPSY?
2	190. DATE OF	OPERATION		WAS PERF		EKATION					
CERTIFICAT	210 EXTERNA	CALLE SILVE	Josh Time O	F INJURY Month, C	Year I	51. UANI DUR	DV OCCUPAND /c-		of intury in Port 1 or Port		ES MO
		OR CONTRIBUTI				Re 2			of infury in Post 1 of Post		Luxo
MEDICAL	CAUSE OF DE		218 PLACE OF INJURY	M ZO 4	19 62		Street or R F D No				
_			fortony office head	no atc.)			,		City or Fown	County	Stote
				tota 1		Neat				wash	
			at I toak charge af						ection 🔲 . Inquiry		'n my ap nian
	death	resulted fran	m: Natural cai	ises [], A	ccident 4	Suicide L	, Hamicid	le 🔲,	Undetermined man	ner 🔛	
	ACTUAL	10	. 0.	-044		2	CHIEF MEDICAL	EXAMINER			
	SIGNATURE	->clu	each m	FOSING	1 111				INCO C	DATE SIGNED	00-
	EXAMINER'S NAME (Type	Edwar	d W. Ditte	, III,	M.D.		DEPUTY MEDICA ADDRESS(Street	AL EXAMINE , city, fown	or county 217 W.	Washing	
	BUR AL, CREM		23b DATE	23c NA	ME OF CEMETER	OR CREMATO			OCATION (City or Town)	(County)	(Stole)
	REMOVAL (Sp.	ecity)	10/13/68	MAY	S CHAP	EL CH	RISTIA	N WA	RFORDSBURG	3 FULTO	ON PA.
24.	FUNERAL DIRE	CTOR			ADDRESS		2So RECI	D BY REGIS	TRAR 2Sb REGISTR	AR S SIGNATURE	
	TOWARD	J GR	OVE HANG	OCK, MA	RYLAND		DATE O	CT 1	5 196B <i>sci</i>	carles !	udge.

TO DEPUTY



Tand 2 death.

within 24 haurs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the haspital or attending physician.

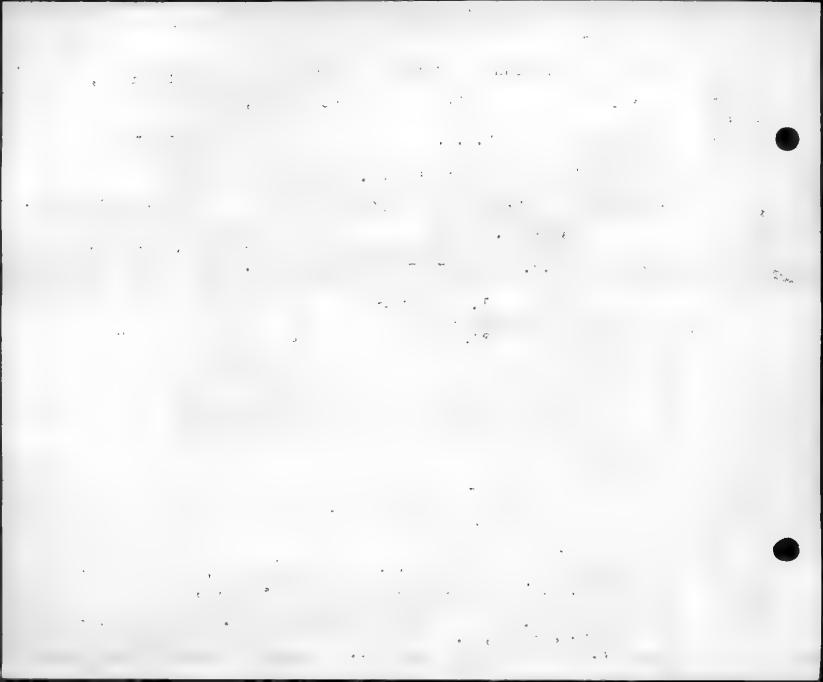
# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

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Д.	البه	v	U	2	

			CENTI	TICALE OF DEALTH				
	ECEASED-NAME Type or print)	First Hassan	Martin	Connor	20 OATE	OF OEATH Month Octobe	Day Year 3	: 03 HOUR
3. 58	Male	4 RACE	ihite	S. DATE OF BIRTH October	6,191	6. AGE (In years last birthday)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
7o. l	BIRTHPLACE (State or foreignty) Maryland	υ.	S.A. WIDO	RIED NEVER MARRIED NEVER MARRIED NEVER DIVORCED	9. COUNTY Wa			Md
10. (	CITY OR TOWN OF DEATH	give s W a	ME OF HOSPITAL OR INSTITUTION treet address)  A shington Co	o. Hospital	most of work	10N (Kind of wark do ing, ife, even if retire abor		BUSINESS OR
13o odm	USUAL RESIDENCE (Where iss on) STATE	deceased lived, if institution was his	on Residence befare   13c. CI	erstown YES A	NO   1	STREET AND NUMBER 29 West		n St.
14.	FATHER S NAME First Le		Connor	es Mother's maiden name Carolin	e Mar			Last
16a.	WAS DECEASED EVER IN U. (exno. of unknown)		166. SOCIAL SECURITY NO 912-20-2498	17 INFORMANT 454 N Mrs Gladys	M.Leg	gett		IMATE INTERVA.
	18. CAUSE OF DEATH (En PART I. DEATH WAS IN Conditions, if ony, which rise to immediate cause stating the underlying clost.	CAJSED BY, MEDIATE CAUSE (a)  THE IO-01-CA  GOVE  (b)	e for (a), (b), and (c))  Pheumonia  ******************  Hepatic  S A CONSEQUENCE OF					DAST AND GEATH
TION	PART 2. OTHER SIGNIFICAL		TING TO DEATH BUT NOT RELATED	TED TO THE TERMINAL DISEASE OF		GIVEN IN PART I(0)	GS CONSIDERED IN C	ERTIFYING
CERTIFICATION				YES NOX		USES OF DEATH?		
MEDICAL CI	21c. ACCIDENT WAS UND DR CONTR BUTING CAUSE (If either, notify medical	DF DEATH HOUR A.M. P.M.	Manth Doy Year	Tic. HOW INJURY OCCURRED (En			rt 2, Item 18.)	
×	21d INJURY OCCURRED While Not while at work			P.F. LOCATION Street or R.F.D. N		City ar Town	County	State
	causes stated a	l) (this hospital) ofte led alive on OCT ibave, (i) (we) (did) (	ended the deceased from 24 1968 (did not) view the bady a	n Oct . 2 , 19 , and that in (my) (aur) a fter death.	pinion deat			t ( <u>I)</u> (we) last and fram the
	22b. SIGNATURE  22d. PHYSICIAN'S	Delhers	Tr.D.	22e. ADDRESS 7.4	MED DIRECTOR [	□ STAFF □ □ t Washin	10/25/6 1gton St	
230	BUR AL, CREMATION, RNDYALS & Y)	B. Kneis  23b DATE Oct.28/68	23c. NAME OF CEMETER		23d tOC	n, Maryl AT ON (City or Town) erstown,	(County)	d (Stote)
	FUNERAL DIRECTOR Ha	gerstown,		2So. REC D	BY REGISTRA	R 25b. REGISTR	PAR'S SIGNATURE	

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician an<del>d cam</del>pletely filled in by directar, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers filed with the State Dept. af Health priar ta burial, crematian, ar removal, and in any event, within 72 hour. VR A15



# 5053

by the funeral Pages 1 and 2

executed within 24 hours offer death.

**e** 

TO HOSPITAL OR ATTENDING PHYSICIAN; The lo requires that the deoth cert

Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled and the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove corbon papers Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, crematian, or removal, and in any event, within 72 backs after death.

#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

15063

- /				CERTII	ICAIL OF BLATTI				
		ECEASED-NAME Type or print)  CHARLES	EDWARI		CRAMPTON JR.	20. DATE OF DEATH Month	Dey 6	1968	25 HOUR
	3. SE	Male #	4. RACE White		S DATE OF BIRTH  Feb. 23 1919	6. AGE (in lost buth			HOURS MIN
	COUL	ntry) Md .	76 CITIZEN OF WHAT COUNTRY?	WIDOWE	D DIVORCED		va shing	ten	Md.
1		CITY OR TOWN OF DEATH REGERSTOWN	give street pdaress)		ty Hespite Pring mos	OCCUPATION (Kind of with the following life, even if Laborer	retired.)	126 KIND OF BU INDUSTRY Comen	
J.		USUAL RESIDENCE (Where decease ission) STATE Md.	d lived, if institution: Residence	before 13c, CITY	OR TOWN 138 INSIDE CITY EM			ng	
	4,	FATHER'S NAME First  Charles		2	is, mother's maiden name fire		May May		ost
		WAS DECEASED EVER IN U.S. ARM Yes, (Yes give we will be seen to be	ED FORCES? If or dotes of service)  A War 2 220-1		Mrs. Pauline (	Crampton St	Muers Prosbu	rg Md I	RFD
		18. CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED IMMEDIA	y one couse per line for (o), (b) BY: TE CAUSE (o)	ond (c))	andre info	ret		APPROXIMAT BETWEEN ONSE 3 CJ ex	T AND DEATH
		Conditions, if any, which gave rise to immediate couse (0), stating the underlying couse lost.	(c)	ENCE OF	entic Prant			Year	<i></i>
	Z	PART 2 OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH	H BUT NOT RELATED	TO THE TERMINAL DISEASE OR CO	NOITION GIVEN IN PART 1	(0)		
ji.	GERTIFICATION	196. DATE OF OPERATION 196. (	ONDITION FOR WHICH OPERATION	WAS PERFORMED	200 AUTOPSY? YES NO	20b IF YES, WERE CAUSES OF DEATH?		IDERED IN CERT	TFYING
	MEDICAL CFR	210. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (If either, notify medical examin	HOUR A.M. Month Do		HOW INJURY OCCURRED (Enter	noture of injury in Port 1	or Port 2, Item	n 18.)	
	ME	2.d. INJURY OCCURRED 21e. While Not while 1	PLACE OF INJURY ( AT HOME FARM, OFFICE BUILDING		LOCATION Street or R.F.D No	City or Town		County	Stote
		22o. I certify that (I) (this saw the deceased all couses stoted above	s hospitol) attended the over on(I) (we) (did) (did not) vio	deceosed from 19 <u>68</u> , o ew the body ofte	nd that in (my) (our) opin death.	to por 6	, 19 <u>6</u> in the dote (	$\Delta$ , that (I and hour on	) (we) last id from the
		226 SIGNATURE & L	www.	DE	GREE PHYS. ME	D STAFF		E SIGNED	8
1			H SECON			ONSBIR	ha		
			t 9-68 Mt	ame of cemetery c	emetery	23d LOCATION (City or I Sharpsburg	Washi	ngton	(Stote) Md.
10	24.	FUNERAL DIRECTOR Albert L. Lead	Williamsper	address t Md.	250. REC'D BY		EGISTRAR'S SIG	Can Que	lac





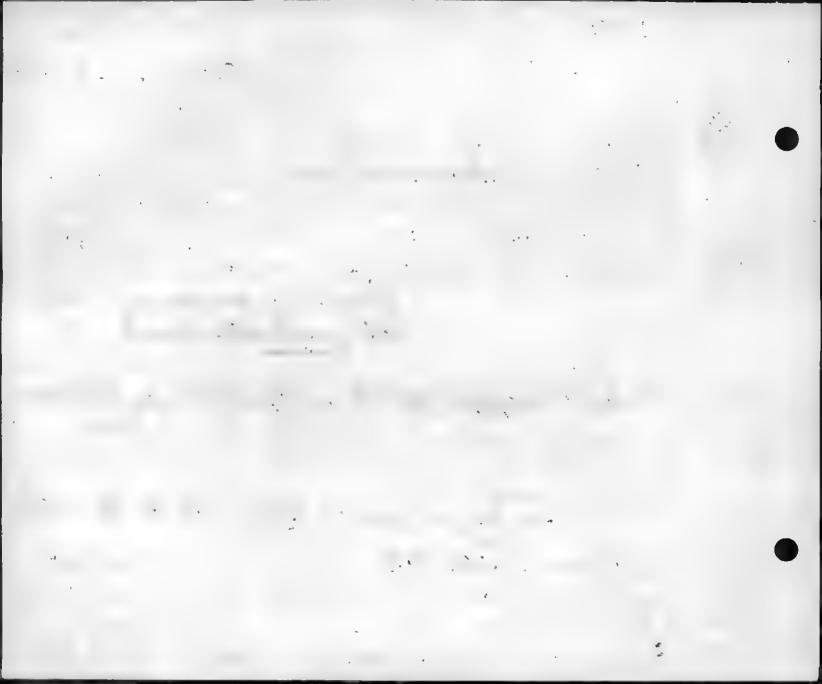
# 15055

#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

		1	5	0	6	5
--	--	---	---	---	---	---

1. DECEASED-NAME First (Type or print)  Marc		Middle		Lost	20. DATE OF DEATH 2b HOUR				
		u Edin	th	Darner	Oct Month 2 LD		1988 10 PM		
3. 5	EX	4 RACE		S. DATE OF BIRTH	6.	AGE (In years	IF UNDER 1 YEAR   IF UNDER 24 HRS.		
	FEMALE	WHITE		NOVEMBER 19.	1886	ast birthday)	MONTHS BAYS HOURS MIN.		
7			10						
raul	BIRTHPLACE (State or foreign	76. CITIZEN OF WHAT COUNTRY	I MANUELLI	ED NEVER MARRIED	9 COUNTY OF DE				
	MARYLAND	U.S.A.	WIDOW				Md		
	CITY OR TOWN OF DEATH	11. NAME OF HOSPI give street address	TAL OR INSTITUTION (		UAL OCCUPATION (Ki		12b KIND OF BUSINESS OR INDUSTRY		
	LAGERS TOWN	WESTERN	MD. STATE	HOSPITAT	HOMEMAKE	eventu tenued)	OWN HOME		
130	USJAL RESIDENCE (Where deceo	sed lived, if institution, Residen-	te before   13c CITY	OR TOWN 13d INSIDE CITY		AND NUMBER			
odm	nission) STATE MARYLANT	13b. COUNTY WASHIN	GTON HAGE	ERSTOWN YES THE	NO 131	OAK HIL	L AVE.		
	FATHER'S NAME First	Middle	Lost	15. MOTHER'S MAIDEN NAME		Maddle	Lost		
	LOUIS		TURNER	AND		R	MYERS		
16.	. WAS DECEASED EVER IN U.S. AR			7 INFORMANT			AK HILL AVE.		
	NO	(21)=4	10-4T04 I	TRS JEANNETTE	DANZER HI	MOTGRADE	APPROXIMATE INTERVAL		
	18. CAUSE OF DEATH (Enfer of	nly one couse per line for (a), (b	), ond (t) /d	1			BETWEEN ONSET AND GEATH		
	PART I. DEATH WAS CAUSE	D BY. ATE CAUSE (a)	- KIN	on the h	reun	eng	300		
	4129	DUE TO, OR AS A CONSEQ	LIENCE OF	1- 11	1	1			
	Conditions, if any, which gave	)	Unl	opinsile	rotee 1	eart			
	rise to immediate cause (a),	(0)	HENCE OF	desceno		<del></del>			
	stating the underlying cause last. 4200	DOL 10, OK AS A CONSEQ	DENCE OF	or each an	_				
	1 4 17	ADDITIONS CONTRIDUCTION TO DES	TL BUT NOT DELETE	TO THE TERM HAL DISCHES OF	CONDITION CIVEN II	) DART 1/-)			
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN BART I(a)								
징	Ellete Chronopystonephrius, surgical absence o sept mins								
190 DATE OF OPERATION 196. CONDITION OR WORCH OPERATION WAS PERFORMED 200. AUTOPSY? 200 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?									
CERTIFIC				YES NO [		,	ed_		
	21a. ACCIDENT WAS UNDERLY		210	. HOW INJURY OCCURRED (En	ter noture of injury i	n Port 1 or Part/2/It	'em 18.)		
MEDICAL	OR CONTRIBUTING CAUSE OF OEA		oy Yeor 19			V			
MEG	21d INJURY OCCURRED 216	PLACE OF INJURY (AT HOME, FAR)		LOCATION Street or R.F.D. N	lo. City gr	Town	County State		
	While Not while at work	OFFICE BUILDIN	iG, ETC		,				
	22g I sortify that (1V/s)	is baseitel) attended the	decoased from	11-30 10	66 10 1	0 - 7£ 10/	that (I) (up) last		
	sow the decensed	time of the literature of the	deceased from	and that in (my Your)	ninion death acc	urred on the dat	e and hour and from the		
22a. I certify that (1) (this hospital) attended the deceased from 1 - 30 1966, ta 10 - 26, 1966, that (1) (we) last sow the deceased dive en - 26 1966, and that in (my) (our) pinion death occurred on the date and hour and from the causes stated above, (1) (we) (aid) (divinit) view the body after death.									
	22h SIGNATURS								
	(Mun.	6)1/20,	MAL	EGREE PHYS	MED. DIRECTOR	TAFF 10	-27-6A		
	22d. PHYSICIAN'S	- 17 1000	7761013	22e ADDRESS	DIRECTOR — I	1113. — 70	2. 0		
	NAME (Type) TOTAL	G RILEY, M.D.			MATYFAND	STATE HOS	P., HAGERSTOWN		
23a			NAME OF CEMETERY		23d. LOCATION		(County) (State)		
	REMOVAL (Specify)	19/29/68 F		CEMETERY		WN, WASHI			
24	FUNERAL DIRECTOR		ADDRESS		BY REGISTRAR 10	25h REGISTRAPS	SIGNALIRE		
(5	-Keelsom Kauge	- HAGERS	STOWN MAY	RYLAND DATE	TO TO TO	68 Jeli	- LOW KINDS		



ges I ond ofter death

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

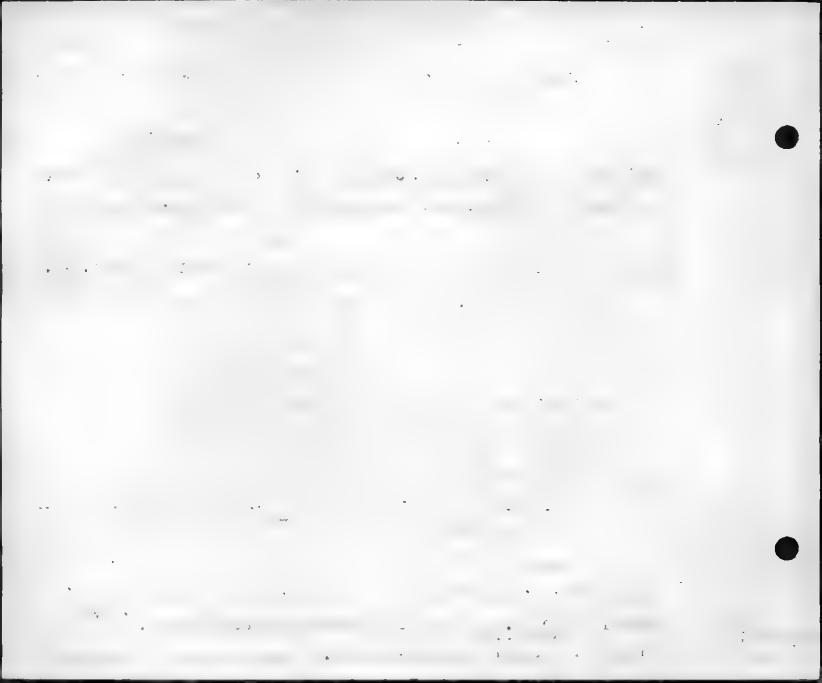
15066

	ECEASED-NAME	FIRST ,	Middle		Fest	20. DATE OF		Dan Varia	26. HOUR		
11	(ype or print)	Violet	SUSAK	Z	avis	0	Month	Day Year 1968	10: gas M		
3. SE	X	4. RACE			S. DATE OF BIRTH	- 1	6 AGE /In veors		IF UNDER 24 HRS.		
	Female	Wh	ite		2-2-97		lost birthdoy)	YRS. MONTHS DAYS	HOURS MIN.		
7o. E	BIRTHPLACE (Stote or	foreign 7b. CITIZEN O	F WHAT COUNTRY?	B. MADDIED	NEVER MARRIED	9 COUNTY OF					
cour	ntry)	WALTE	P STATES	WIDOWED			WASHINGT	ON	Md.		
10.0	ITY OR TOWN OF DE		1 NAME OF HOSPITAL OR INS				(Kind of work d		BUSINESS OR		
	AGERSTOWN		nive street address)		di nna	most of working	life, even if retire	ed   INDUSTRY			
		Where deceased lived, if ins	ESTERN MD.	STATE	HUSPITALI R TOWN 13d. INSIDE CIT	CLEPA 120 CT	TREET AND NUMBE	Н	otel		
odm	ssion) STATE	13b COUN	TV .		MEC FOR	NOT3					
	Marylan	u na	Spring rour		SLOWII	140		erry St			
14 1	FATHER S NAME	First Midd			S. MOTHER'S MAIDEN NAME		Midd	le	Lost		
		BISHOP	PAVIS		मि जा ज	ra e	Price	/			
		IN U.S. ARMED FORCES?  (If yes give war or detes of service	16b. SOCIAL SECURITY I		INFORMANT	_	Addre	23	414		
	Ho			M:	iss Ena Da	vis Ch.	arles I	own W.	Va.		
		TH (Enter only one couse p	er line for (o), (b), and (c)	}	Box #	125			MATE INTERVAL DISET AND DEATH		
	PART I. DEATH	WAS CAUSED BY	CONCIRON	a 1	Abdomen	Primary	Undeter	miner 5	i mes.		
	1750		OR AS A CONSEQUENCE OF								
	Conditions, if ony,	nditions, if ony, which gove									
		te to immediate couse (a), (b)  Oting the underlying couse DUE TO, OR AS A CONSEQUENCE OF									
	lost.	YING COUSE	on no n consequence of								
	PART 2 OTHER SIG	NIFICANT CONDITIONS CONTI	PIRSTING TO DEATH RUT N	OT RELATED T	O THE TERMINAL DISEASE O	PCONDITION GIVE	N IN PART 1(n)				
	1000					ACOMBINION ONE	1 1 1 1 AKT 1(0)				
CERTIFICATION	190. DATE OF OPERAL	TON 1196 CONDITION FOR	C WHICH OPERATION WAS PE	SISCAS.	20g. AUTOPSY?	206 1	E VES WEDE EINDIN	NGS CONSIDERED IN C	EDTIEVING		
FICA	TWO DATE OF CHERN	TIB. CONDITION TO	MILLION ENGINEERING THE	KI GIKMED	YES NO	CALIER	S OF DEATH?	TOS CONSIDERED IN	EKITTING		
ERTI	210 ACCIDENT WAS	INCEPTAING TO THE	IE OF INJURY	191. U	OW INJURY OCCURRED (Er	_	in Dark I are Da	4.0 14 10.1			
CAL	OR CONTRIBUTING	E 1 117		210. 11	OM INDOKT OCCORRED (EL	ner noture of inju	iry in rain torro	rr 2, trem 18.j			
WED (	(If either, notify me	Annual An	M. 19								
	21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County State of work of work								Stote		
	22a. I certify t	22a. I certify that (I) (this hospital) attended the deceased from 10-3, 1966, ta 10-19, 1966, that (I) (ma) fast saw the deceased glive an 1968, and that in (my) (cor) apinian death accurred on the date and hour and from the									
	saw the d	eceased alive an ted abave, (I) <del>(we)</del> (d	lid) (1-1-1) viou tho	7 <u>≠≥,</u> an body after	d that in (my) <del>(our)</del> c	ipinian death	accurred on th	e dote and hour	and fram the		
	22b SIGNATURE	ied dbuve, (i) (we) (o	ilu) ( <del>ulu nor</del> ) view ille	body direi	ueum.			22c DATE SIGNED			
		72	Bascia	DEG	ATTENDING	MED DIPLOTOR	STAFF X	October .	10 1010		
	22d. PHYSICIAN'S	Domingo X.	was ord	DEG	22e. ADDRESS	DIRECTOR -	PHYS (A)	ULTUREP !	7,1768		
	NAME (Type)	DOMINGO A.	GARCIA		Western	maryla	nd State	Hespital	,		
02	DUDIA COMMETICAL			CCAAFTEDW OR		224 1002	OH (Ch 7	77.577762	/F+ + \		
230	BURIAL, CREMATION DEMOYAGE (Specify)	- A	23c NAME OF			23d LUCATI	UN (City or lown)	Jeffer s	on Co		
24	FUNERAL DIRECTOR	10/22.6	OWN MC ADDRESS	LII C	emetery Ch	BY REGISTRAR	TOMU M.	RAR'S SIGNATURE			
			Funeral F		250. KECT						
		V. OOTTHIGH	. different	· O Me	Inc. Days on	9 404	201 1/24	mula local	65-		

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon apparational be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, within 72 his VR A15 (4) 30M REV 1768

IO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours oft

Page 4 may be retained by the haspital or attending physician.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15057 15067 CERTIFICATE OF DEATH 2b. HOUR p Lost DECEASED-NAME First Middle 20. DATE OF DEATH (Type or print) Month 15 Day 1968 7:05 William Dayhoff Oct. James 4 RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF JNDER 24 HRS 3. SEX 6. AGE (in years lost birthdoy) HOURS 11/2/86 Male White 7o BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED WASHINGTON country) WIDOWED [7] DIVORCED [ Maryland IISA 126 KIND OF BUSINESS OR INDUSTRY Fruit IO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12g USUAL OCCUPATION (Kind of work done give street address) during most of working life, even if retired.) HAGERSTOWN Produce WESTERN MD. STATE HOSPITAL Genera1 13a USJAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE 13b. COUNTY Washington Hagers to 13d INSIDE CITY LIM TS? 13e STREET AND NUMBER Route 5 YES NO X Hage rs town 14 FATHER S NAME IS. MOTHER'S MAIDEN NAME First Frank Dayhoff Baker Martha 16b. SOCIAL SECURITY NO. 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) 211-09-9886 Mrs. Roberta Dayhoff Hagerstown, Md. APPROX MATE INTERVAL 18. CAUSE OF DEATH (Enter any one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE (AUSE (a) Metastatic carcinoma of the lung 3 months DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave ) 15 years Carcinoma of the bladder rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) Arteriosclerotic cardiovascular disease. 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 19g. DATE OF OPERATION 20a. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING

21g. ACCIDENT WAS UNDERLYING

OR CONTR BUTING CAJSE OF DEATH

2 d INIJRY OCCURRED

While Nat while at wark

22b. SIGNATURE

22d PHYSICIAN'S NAME (Type)

24. FUNERAL DIRECTOR

(If either, natify medical examiner)

216 TIME OF INJURY

HOUR A.M.

21e. PLACE OF INJURY

P.M.

causes stated above, (1) (200) (did) (didoxt) view the bady after death.

Manth Day Year

(AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R F.D. No.

DEGREE

YES 🖂 NO 🖃

CAUSES OF DEATH? 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18)

City or Town

State

22a. I certify that (I) (AGCASSIGE) attended the deceased from Oct. 11, 19.68, to Oct. 15, 19.68, that (I) (WASSIGST saw the deceased alive an Oct. 15, 19.68, and that in (my) (200) apinian death accurred on the date and haur and from the

22c. DATE SIGNED STAFF PHYS. 10/16/68

County

220. ADDRESS Western Maryland State Hospital 1500 Pennsylvania Ave. . Hagerstown . Md. (County)

Chong C. Han . M. D. 23c. NAME OF CEMETERY OR CREMATORY 23o. BUR AL, CREMATION, REMOVAL (Specify)
Burial 10-18-1968 Rose Hill Cemetery

23d LOCATION (City or Town) Hagerstown, Md.

Minnich Funeral Home Hagerstown, Md.

1968

MED DIRECTOR

2Sq. REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE Milantes

TO FUNERAL DIRECTOR: After this certificate has been by the haspital ar be retained director, page 3 should Should be filed with the 30M REV

within 24 haurs after death.

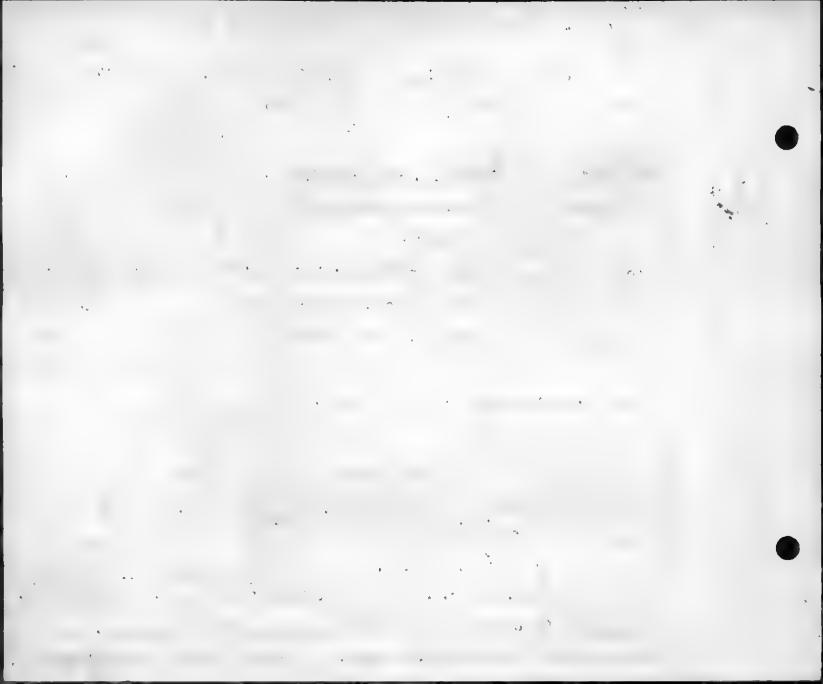
requires that the death certificate be executed

compressly filled in by the tyloge carbon papers. Pages y event, within 72 haurs after

signed by the attending physician and burial-transit permit. Then please rem

burial, crematian, or remayal, and

of Health



15058

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the finefall director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filled with the State Dept. of Health prior to burial, cremation, ar remaval, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAM: The law requires that the Meath certificate be executed

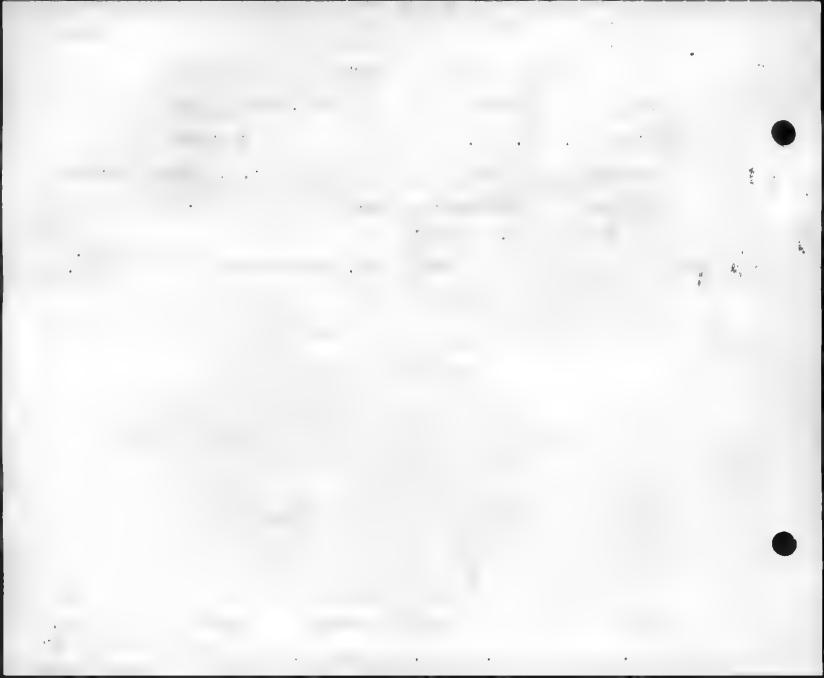
Page 4 may be retained by the haspital ar attending physician.

VR ATS

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

1 Deceased NAME	Fire		Middle		last.		A DATE OF DEATH			Lat. Maria
1. DECEASED-NAME (Type or print)	First Herber	d: 1	Middle	Dell f	lost <b>iold</b>		20. DATE OF DEATH  October	9 Day	968 Year	2b. HOUR
SEX	1101 001	4 RACE	14.0	DOTI	5. DATE OF	DIDTU	6. AGE (III	-	F JNOER 1 YEAR	TIE UNDER 24 HRS.
Male		White				7, 1883	Laure Ballet	nday)	MONTHS DAYS	HOURS MIN
o. BIRTHPLACE (State	or foreign 7	b CITIZEN OF WHAT	COUNTRYS	8			COUNTY OF DEATH	YRS	7 4	
Baltimore	ara interest in			WIDOWED'S	NEVER MA	(KKIED)				
O. CITY OR TOWN OF	DEATH	U. S. A	OF HOSPITAL OR INSTI				OCCUPAT ON (Kind of v	uark dans	Tal- KIND O	OF BUSINESS OR
Boonsbo	ro	give stre	eet oddress) d • 2			during mas	t of working life, even	f retired.)	INDUSTRY	®
13a. USUAL RESIDENCE odmission) STATE				13c. CITY OR		AEZ NO		IUMBER		
odmission) STATE		13b. COUNTY Weshi		Boons			A 164 (4 %			
14. FATHER S NAME	First	Middle	Lost	115	. MOTHER S	MAIDEN NAME Fire		Middle		Lost
	exander	Y.	Dolfield			Diena				Kroh
160. WAS DECEASED ET	VER IN U.S. ARMEI		66. SOCIAL SECURITY NO		NFORMANT				e, Md.	
Yes, no, or unknows			None	Mrs	. The	odore Wa	ters, 117 7	unbri	dge_Rd	
			for (a), (b), and (c))	1	to -	- /	. /.		BETWEEN	XIMATE INTERVAL ONSET AND GEATH
PART I DEA	TH WAS CAUSED I IMMEDIATE	CAUSE (a)	leriosa	lervi	LL CO	ndu	Vaseulle	2-		
	7	DUE TO, OR AS	A CONSEQUENCE OF		/					
Conditions, if on		(b)		6	use	use.			d	grs
nse to immedia stating the und			A CONSEQUENCE OF							7
lost.	)	(c)								
PART 2. OTHER S	IGNIFICANT COND	THONS CONTRIBUTIN	IG TO DEATH BUT NOT	RELATED TO	THE TERMIN	IAL DISEASE ORCO	NDITION GIVEN IN PART	(a)		
* 7 21										
190 DATE OF OPE	RATION 196 CO	NDITION FOR WHICH	OPERATION WAS PERF	ORMED	20c. AJ	TOPSY?	206. IF YES, WERE		ONSIDERED IN	CERTIFYING
ETHE.					YES [	NO	CAUSES OF DEATH	ľ		
				21c. H	OW INJURY O	CCURRED (Enter i	nature of injury in Port	or Part 2, I	Item 18)	
OR CONTRIBUTING	medical examine		Manth Doy Year							
≥ 21d INJURY OCC	URRED 21e. PI	ACE OF INJURY (A	HOME, FARM, STREET FACTO	XY.) 21f. £0	CATION Str	eet or R.F.D. Na.	City or Tawn		County	State
While Nat w	ark	**	,		- 1	/			1.	
22a. I certify	thot (I) (this	haspital) atten	ded the deceased	from Z	20-1	0,1960	, ta OTA 7 ion death accurred	, 197	(pe , tho	ot (I) (we) la
saw the	deceased aliv	re an Occas	J-ec 7 19	G& , on	d that in (i	ту) <del>(өөт)</del> аріп	ion death accurred	on the do	ite and havi	r and from th
22b. SIGNATURE	raiea abave,	(I) (we) (old) (a	id not) view the b	ody dilei	deam.			1 22.	DATE SIGNED	
	-50	VIele	my Mil	O DEGR	11112	DR	D STAFF RECTOR PHYS.	D 07	29	1968
22d. PHYSICIAN'S NAME (Type		U. La V.	an M.	D	22e. Al	DORESS	onsto	ro,	In.	2.
23a. BURIAL, (REMAT			23c NAME OF CE	METERY OR	CREMATORY		23d. LOCAT ON (City or	Town)	(County)	(State)
Burl Al Specify	9-	11- 68	Boonsbo	ro Ce	meter	7	Boonsboro,	Wash.	Co.,	Md.
24. FUNERAL DIRECTO	R		ADDRESS			25a REC'D BY	REG STRAR 25b	REGISTERS	SIGNATURE	444
John H. Be	ast, Jr.	112 N. 1	Main St. E	Boonsb	ore.	MEDATE OCT	REG STRAR 1968 <sup>Sb</sup>	1	1	0



The funeral fter death.

empletely filled

within 24 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exe

Page 4 may be retained by the haspital or attending physician.

#### MARYLAND STATE DEPARTMENT DECTON CERET RAITIMORE MARYIAND 21201 DIVISION OF VITAL PECOPOS

4	15059	DIVISION	OI VIIAL KI			OF DEATH		, ment Le	21201	1500	39
	(Ype or print)	First	ELWOOD	ddle	DougL/			T . 26	H Manth 1968	Year	5°: 05 "
3. SE	X Male	4. RACE	HITE		5. DAT 1 2/	18/1895	5		GE (In years t birthday) YRS	NONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
COUN	BIRTHPLACE (State or foreintry) NNSYLVANI		OF WHAT COUNTR	WIE	OOWED	ER MARRIED  DIVORCED	WA	NTY OF DEAT	TON		M
, -	AGERSTOWN		NAME OF HOSE		SPITAL	during r	mast of w	arking life, (	of work done even if retired.)	INDUSTRY	BUSINESS OR ATION
odmi <b>M</b>	USUAL RESIDENCE (Where issian) STATE ARYLAND		nstitution Residen NTY SHINGTO		CITY OR TOWN	JWN G	NO 🗆	130 STREET 1615	WABASH	AVE	
	FATHER'S NAME First	W/		DOUGL A	6	ER'S MAIDEN NAME MARY	First		Middle	BREW	
		I.S. ARMED FORCES? yes give war or dates of sen		L SECURITY NO.	BERTI		DUGL	AS 16	15 WAB		/ E
	1B. <b>CAUSE OF DEATH</b> (E PART I. DEATH WAS			b), and (c).) Cerek	al To	hunberge	i			BETWEEN C	IMATE INTERVAL ONSET AND DEATH
	Conditions, if any, which rise to immediate caus	gave) (b	), OR AS A CONSEC	rebal	arte	hingele	rey	i		Mo Yes	int
	stating the underlying last.	(10038)	, OR AS A CONSEC		JEEN BO BUC S	TRANSPIR BUTLET AT	COMPLETO	ASS CONTRACTOR			
NO	PART 2. OTHER SIGNIFICA	Timber to	wtee	Heart	de	peace	KLUNDITIO		WERE FINDINGS CO	ONGO PRE IN C	FDTIFVINO
CERTIFICATION	19a DATE OF OPERATION		OR WHICH OPERATI	ON WAS PERFORM		YES NO	Prigr	CAUSES OF I	DEATH?		EKIPTING
MEDICAL C	21o. ACCIDENT WAS UNI ☐ OR CONTRIBUTING ☐ CAUS (If either, notify medical	examiner) HOUR	P.M.	Doy Year 19		JRY OCCURRED (Ent					
M	21d, INJURY OCCURRED While Nat while at work					Street or R F.D. N		City or To	own	County	State
	22a. I certify that saw the decea causes stated	(I) (this haspital sed alive an abave,(I) (we)	10.13	25 19 6	F and that	in (my) (our) or	pinian d		/22_, 19_ rred an the da		t (1) (we) la and fram th
	22b. SIGNATURE		Coloni	March	DEGREE F	TTENDING HYS	MED. DIRECTOR	ST/	AFF 🖂 🖊	DATE SIGNED	188
	22d. PHYSICIAN'S NAME (Type)					Ze. ADDRESS	Land	100,701			
3 U	BURIAL CREMATION, REMOVAL (Specify) FUNITAL DIRECTOR	23b DATE 10/29/0		AMA SCU ADDRESS			RUR		ty at Town)  NCOCK 2Sb. REGISTRAR'S		(Stote)
X	www.	Dione	1/0	neak	mo	DATE N	OV	4 196		wes J.	udge

TO FUNEMAL DIRECTOR: After this certificate has been signed by the attending physician and embretely filler director, page 3 should be detached for use as the burial-transit permit. Then please remave carban pages should be filed with the State Dept. of Health prior ta burial, crematian, ar remaval, and in any event, within VR A15 (4) 30M REV. 1/68 220. I certify that (1) (this haspital) attended the deceased from Soby 13, 1961, to OCF

(AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No

City or Town

County . 19 6 2 , that (I) (we)-last

State

26. HOUR 8:35<sub>M</sub>

HOURS

Lost

APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

DAYS

INDUTED ME

BAKER

12b KIND OF BUSINESS OR

22c DATE SIGNED ATTENDING MED. DIRECTOR 10-2-65-PHYS. PHYS.

1962, and that in (my) (our) apinion death occurred on the date and hour and from the

Edward W. Ditto. III. M.D. NAME (Type) 230 BURIAL CREMATION REMODEL SPECIAL T 23b, DATE

10/4/68

saw the deceased olive an OCY

23c NAME OF CEMETERY OR CREMATORY ROSE HILL CEM.

22e, ADDRESS

DEGREE

217 W. Washington Street Hagerstown, Maryland 23d LOCATION (City or Town) HAGERSTOWN

WASH. (State)

24. FUNERAL DIRECTOR 3DM REV. TA

While Not while

22b. SGNATURE

22d. PHYSICIAN'S

24 haurs after death

law requires that the death certificate be executed within

physician and camen please remave

signed by the attendi. burial-transit permit.

as the

use

ę

detached

shauld

director, page 3 sha shauld be filed with

O FUNERAL DIRECTOR: After this certificate has been

be retained by the haspital ar

Page 4 may

attending physician.

ADDRESS

causes stoted above, (I) (we) (did) (did not) view the body after death

2So REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15061 15071 CERTIFICATE OF DEATH Middle Lost 20 DATE OF DEATH DECEASED-NAME First 2b HOUR funeral 1 and 2 er death. 24 haurs after death. FOUST OCTOBERManth 27Day 1968 (Type or print) TERRY **EDWARD** S. DATE OF BIRTH IF UNDER I YEAR IF LINDER 24 HRS 3. SEX 4 RACE 6. AGE (In years 6/7/1968 lost birthday) 20 HOURS MALE WHITE 70 BIRTHPLACE (State or fare an 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED [ ] NEVER MARRIED [ ] WASHINGTON country) MARY LAND U.S.A. WIDOWED [ DIVORCED [ 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a JSUAL OCCUPATION (Kind of work dane 12b KIND OF BUSINESS OR IO CITY OR TOWN OF DEATH be executed within HOS PIding Trast of warking life, even if TENTO A NITNOJSTRY HAGERSTOWN 13d. MSIDE CITY LIMITS? 13e STREET AND NUMBER 13o USUA, RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 186 COUNTASHINGTON HAGERS TOWN 26 E. LONGMEADOW 14 FATHER'S NAME First Middle Last IS, MOTHER'S MAIDEN NAME First Middle Last DONA ID FOUST LINDA LOU MILLER LEE requires that the death certificate 16b. SOCIAL SECURITY NO. 17. INFORMANT Address 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na prynknawn) MR. DONALD L. FOUST HAGERSTOWN MD. NONE burial-transit permit. Then be burial, crematian, ar remaval, attending phy permit. Then 18. CAUSE OF DEATH (Enter only one couse per line fap (a), (b), and (c).) BETWEEN DUSET AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if any, which gave ) rise to immediate cause (o). O FUNERAL DINICTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-tran DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse this dea tolle PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the priar tal 9a. DATE OF OPERATION 20a AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 1 1.2 YES TOP NO [ of Health p Page 4 may be retained by the haspital ar 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 of Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day (If either, notify medical examiner) 21d. INJURY OCCURRED 21e PLACE OF INJURY AT HOME, FARM, STREET, FACTORY Stote 21f. LOCATION Street or R.F.D No. City or Town County While Not while at work at work 22c. DATE/SIGNED **ATTENDING** DEGREE directar, page S shauld be filed PHYS DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) M. Bacon, Jr., M. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23g BURIAL CREMATION 23b. DATE (County) (State) HAGERSTOWN WASH. MD . PETER TRAIT CEM. 10/29/68 ResT HAVEN 25o. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR ADDRESS 25b. REG STRAR'S SIGNATURE 1968 30M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15062 CERTIFICATE OF DEATH 1. DECFASED NAME First Middle Lost 2a. DATE OF DEATH and 2 death. (Type or print) Month Hillard French 4. RACE S. DATE OF BIRTH 3. SEX 6. AGE (In years lost\_birthday) Male White September 11,1904 70 BIRTHPLACE (State or foreign 9 COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED DE NEVER MARRIED Big Pool, Md. DIVORCED [ Washington WIDOWED [ 10. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work done 11, NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Washington Co during most of working I fe, even if retired } Haaerstown Contractor 130. USUAL RES DENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13e STREET AND NUMBER 13d HISTOR CITY LIMITS? 1049 Beechwood Drive YES PC NO Haaerstown remov and in any 15. MOTHER'S MAIDEN NAME First Middle Lost guo William French Christianne Howard Address dagers town 12 16b. SOCIAL SECURITY NO. 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Yes, no, or unknown) ("If yes give war at dates of service) burial, crematian, ar remayal, 1049 Beechwood Drive. 214-09-8430 Mrs. Mabel 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Conditions, if any, which gove ) burial-transit rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse OWHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT prior ta b 中 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 9 has CAUSES OF DEATH? NO F YES [ 21g ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year -(If either, natify medical examiner) (AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. State Dept 21d INJURY OCCURRED 21e PLACE OF INJURY City of Tawn While Nat while at wark 22a. I certify that (I) (this haspital) exended the decased from the saw the deceased alive on 1908, and that in (my) (our) apinian death occurred on the date and hour and from the causes stoted above, (1) (we) (did) (did pet) view the body ofter death. 22ballGNATIL 22c DATE SIGNES ATTENDING D RECTOR

O FUNERAL DIRECTOR: After director, page 3 shauld should be filed with the VR A15 418 30M REV. 1/68

23a. BURIAL CREMATION.

REMOVAL (Specify

Rest Haven Juneral

OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (County) Rest Haven Cemeteru Hagerstown-Washington Md Hagerstown Md. DATE

15072

DAYS

12b KIND OF BUSINESS OR

F UNDER 1 YEAR

Paint

County

2b. HOUR

IF UNDER 24 HRS.

HOURS

Kline

State

r ς,

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15073 CERTIFICATE OF DEATH 20 DATE OF DEATH 2b. HOUR CoLIER October F JNDER 1 YEAR 6 AGE (In veors IF UNDER 24 HRS land though DAYS HOURS 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH WASHINGTON DIVORCED [ WIDOWED . 11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of warking life, even if retired) INDUSTRY MAINTENANCE 13e STREET AND NUMBER 13d. INSIDE CITY LIMITS? YES IS. MOTHER'S MAIDEN NAME First Middle INFORMANT Address 40 BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? CAUSES OF DEATH? YES 🖂 NO R 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY, ) 21f LOCATION Street or R.F.D. No. State City or Town County couses stated above, (1) (we) (did) (did nat) view the body after death. ATTENDING STAF! PHYS DEGREE DIRECTOR PHYS NAME (Type) NAME OF CEMETERY OR CREMATORY 23a BURIA CREMATION 23b DATE (County) (State) REMOVAL (Specify) Vara 24 FUNERAL DIRECTOR

VR A15 (4) 30M REV 1/68



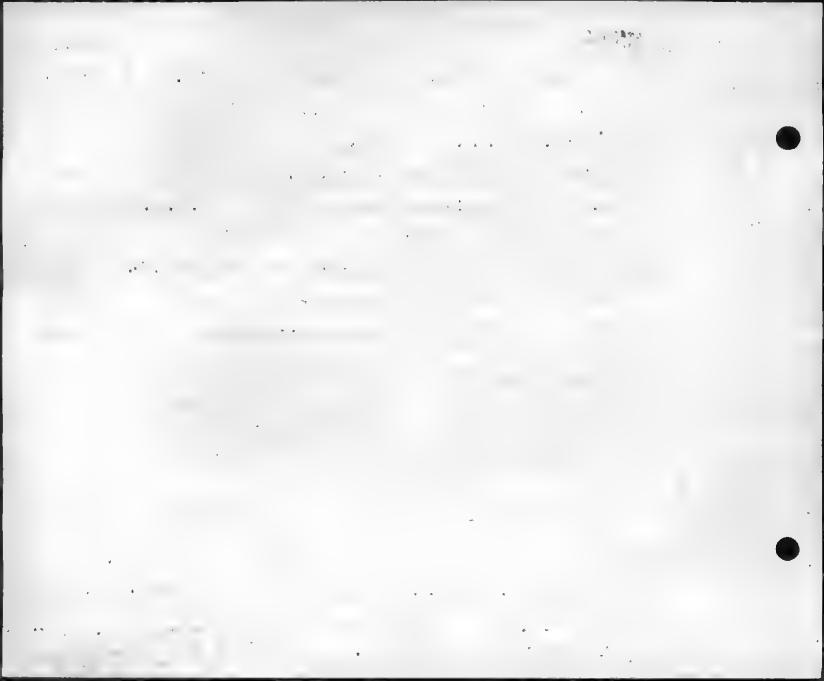
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15064

CERTIFICATE OF DEATH

					20013
	ECEASED-NAME First	Middle	Last	20 DATE OF DEATH	2b. HOUR
(	Type or print)	IE ANN	GARNAND	OCT Month Day 24	1968 7 A M
3 S		4 RACE	S. DATE OF BIRTH		F UNDER 1 YEAR   IF UNDER 24 HRS
3 3				lost birthdov) Mi	DNTHS DAYS HOURS MIN.
	Female	White		378 90 YRS	
70.	BIRTHPLACE State or fareign	7b. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	. COUNTY OF DEATH	
600	Garfield Fred.	U.S.A.	WIDOWED DIVORCED	Washington	Md
	CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR INS	TITUTION (if not in hospital 12d USUA)	OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
	Hagerstown	give street oddress) Washingto:	County Hospt		industry Home
13a	USUAL RES DENCE (Where decease	d lived, if institution: Residence before	l wre - we	1407 011121 11110 11101110 211	
ddiii	ission) STATE Md.	Washington	Smithsburg YES NO.	R F D #2	
14	FATHER S NAME First	Middle Last	IS. MOTHER'S MAIDEN NAME FI	st Middle	Lost
	Simon	P Kuhn	Amelia H	arrison	
160	. WAS DECEASED EVER IN U.S. ARM			Address	
100	(es, na, ar unknawn) (if yes give wo	r or dates of service)			
<u> </u>	110	110	Robert Kumi	Smithsburg RFD.#2	4
	18. CAUSE OF DEATH (Enter only	one couse per line for (a), (b), and (c).			BETWEEN ONSET AND DEATH
	PART 1, DEATH WAS CAUSED IMMEDIA	BY. Congestive	heart failure		2 weeks
1	1007	DUE TO, OR AS A CONSEQUENCE OF			
	Conditions, if any, which gave >		of cervix with meta	stases	18 months
	rise to immediate cause (a), (	DUE TO, OR AS A CONSEQUENCE OF			
	stating the underlying cause				
		(c)			
	PART 2 OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE OR CO	INDITION GIVEN IN PART I(a)	
z	1111				
CERTIFICATION	190. DATE OF OPERATION 19b. C	ONDITION FOR WHICH OPERATION WAS PE	RFORMED 20a AUTOPSY?	206 IF YES, WERE FINDINGS CON	ISIDERED IN CERTIFYING
탪			YES NO IX	CAUSES OF DEATH?	
E	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCURRED (Enter	nature of injury in Part 1 or Part 2, Ite	m 18)
3	DR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Month Day Year	·	, ,	
WED	(If either, notify medical examin 21d INJURY OCCURRED 21e	P.M. 19		City or Town	County State
	While Not while at work at work	OFFICE BUILDING, ETC	TORY.) 21f LOCATION Street or R.F.D No.	City or lown	Coonly 3tale
	at work at work				
	22a. I certify that (I) (thi	s hospital) attended the decease	ed from <u>4-8</u> , 19 <u>6</u> 9 <u>68</u> , and that in (my) (our) opir	0 to 10-24 19	<b>68</b> _, that (I) (we) las
	saw the deceosed of	(I) (	YOO , and that in (my) (our) opin	non death accurred on the date	ond hour ond from the
		(I) (we) (did) (did not) view the	body offer deom.		
ш	226 SIGNATURE	1 2 0	ATTENDING MI		TE SIGNED 4-68
	Garles To Me	M-N	- DECKEE PHYS UZ3 DI	RECTOR L PHYS. L 2	4 68
	22d. PHYSICTÁN'S NAME (Type) Charl	T 0 0-5	22e. ADDRESS		01700
,	(None (Type) Charl	es F. Hess, M.D.		hsburg, Maryland	21/83
230	BURIAL, CREMATION, 23b D	ATE 23c. NAME OF	CEMETERY OR CREMATORY DWN Reform Cemetary RG MD. 250. Refug.	23d LOCATION (City or Town)	(County) (State)
	REMOVAL (Specify) Burial O	ct.27 68 Caveto	WI Reform Come.	Cavetown Was	sh Md.
24.	FUNERAL DIRECTOR	ADDRESS	250. RE-D-81	REGISTRAR 25b. REGISTRAR'S ST	GNATURE
A	MINNICH FUNER	LAL HOME SMITHSBU	RG MD.	28 1988 gclion	les Judge
7			DAIL	1 //	Y // //



. - [ ] . . . . .

15068
DECEASED-NAME (Type or print)

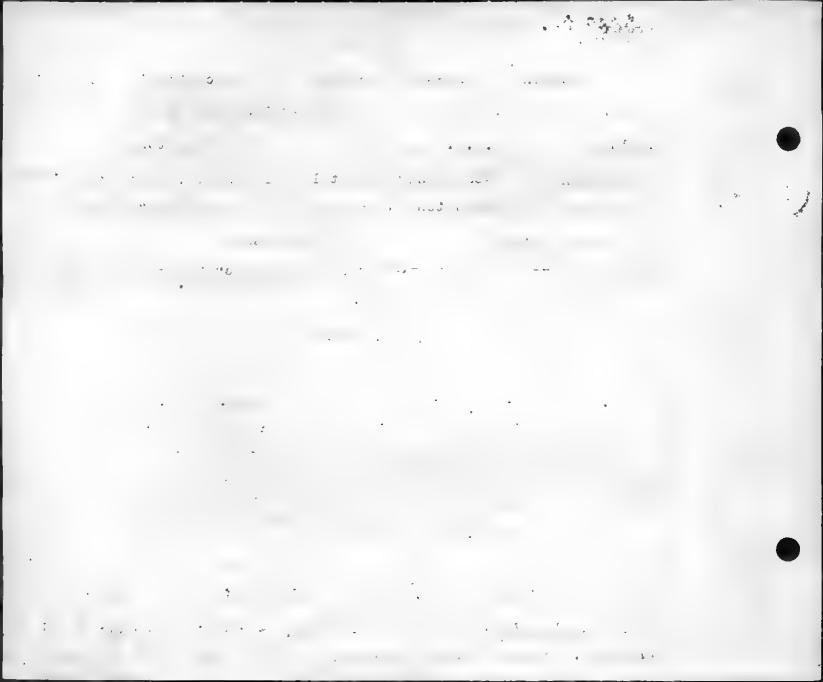
# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

15076

Table   County   Co			_					
SAMUEL LESHER GEIST October 16 1968  White Dec 29 1884 83 YES.  BIRTHRAKE (Sinte or foreign White COUNTRY? Dec 29 1884 83 YES.  BIRTHRAKE (Sinte or foreign Dec 29 1884 84 YES.  BIRTHRAKE (Sinte or foreign Dec 29 1884 84 YES.  BIRTHRA	DECEASED-NAME	First	Middle	Last	20		D. V.	2b. HOUR
Male    Male   White   Dec 29   1884   6 AGC (in years of the plant of	(Type or print)	SAMUEL	LESHER	GE IST				7 P //
Male White Dec 29 1884 83 YES.  EIRTPRIACE (State or foreign	SEX				IRTH		IF UNDER YEAR	IF UNDER 24 HRS.
BERTHPLACE (State or foreign with country)  Mary land  U.S.A.  S. MARRIED   NEVER MARRIED   V.S.	Mala	W	hite	Dec	29 1884	lost birthday)		HOURS MIN
U.S.A.   WIDOWED   DIVORCED   Washington								
CATY OR TOWN OF DEATH    11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital grant of work in glife, even in ferred) yes street odders)   Wash County Hospital   120 UNITY Ho	ountry)			_		Washington		Md
Hagerstown  Wash County Hospital  Foreman M.P. Moller  Core Many Lesses  Wash County Hospital  Foreman M.P. Moller  Core Many Lesses  Wash County Hospital  San County Hospital				6.				
SUSHAL RESIDENCE (Where decessed Inved, if "nativacon: Residence before   13c. CITY OR TOWN   13d MORE OF TRAIN   13b. CONTITUDIONS CONTRIBUTING   15 MOTHER'S MANNE FIRST   Model   Lost		g	give street address)		during most of	wark ng life, even if retire	d) INDUSTRY	- A A
STATE   STATE   136 COUNTY   106 SOCIAL SECURITY NO.   15 MOTHER'S MAIDEN NAME FIRST   Middle   Lost   15 MOTHER'S MAIDEN NAME FIRST   Middle   Lost   15 MOTHER'S MAIDEN NAME FIRST   Middle   Lost   Mary Lesher   Co. WAS DECEASED EVER IN U.S. ARMED FORES?   166 SOCIAL SECURITY NO.   17. INFORMANT   Address   217-01-153   Mrs. Corm.   Weaver 828 Salem Ave   18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c),   PART 1. DEATH WAS CAUSED BY:   Middle   Lost   Mary Lesher   Conditions, if any, which gave   Immediate couse (o),   Store   Mary Lesher   Middle   Lost   Mary Lesher   M	Hagerst	OWD My	ash County	Hospital		M. P. Moll	er CO K	etired
FATHER'S NAME First Middle Lost  IS MOTHER'S MAIDEN NAME First Middle Lost  IS MOTHER'S MAIDEN NAME First Middle  Mary Lesher  Address  Yes, no, or orinknown)  IT NORMANT  Address  Ad	draissian) STATE	13b CQUN	TY Residence belore					
TRADE GO 1 ST.  O. WAS DECEASED EVER IN U.S. ARMED FORCES?  TO CONTROLL OF DEATH (Enter only one couse per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if only, which gove rise to immediate cause (a), stoting the underlying cause (b)  Stoting the underlying cause (b)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DRICONDITION GIVEN IN PART 1(a)  TO DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY?  TO DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY?  TO DATE OF OPERATION 190. CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DRICONDITION GIVEN IN PART 1(a)  TO DATE OF OPERATION 190. CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DRICONDITION GIVEN IN PART 1(a)  TO DATE OF OPERATION 190. CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DRICONDITION GIVEN IN PART 1(a)  TO DATE OF OPERATION 190. CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DRICONDITION GIVEN IN PART 1(a)  TO DATE OF OPERATION 190. CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DRICONDITION GIVEN IN PART 1(a)  TO DATE OF OPERATION 190. CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DRICONDITION GIVEN IN PART 1(a)  TO DATE OF OPERATION 190. CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DRICONDITION OF THE TERMINAL DISEASE DRICONDITION GIVEN IN PART 1(a)  TO DEATH 100. CAUSE OF THE NOTION OF THE TERMINAL DISEASE DRICONDITION GIVEN IN PART 1(a)  TO DEATH 100. CAUSE OF THE NOTION OF THE TERMINAL DISEASE DRICONDITION GIVEN IN PART 1(a)  TO DEATH 100. CAUSE OF THE NOTION OF THE TERMINAL DISEASE DRICONDITION GIVEN IN PART 1(a)  TO DEATH 100. CAUSE OF THE NOTION OF THE TERMINAL DISEASE DRICONDITION GI	Maryl	and wa	snington n	agerstown				
Address  217-O1-1533 Mrs Cora M. Weaver 828 Salem Ave  18 CAUSE OF DEATH (Enter only one course per line for (o), (b) and (c).  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)  PART 2. OTHER SIGNIFICANT CONDITIONS CONDITION WAS PERFORMED  1790 DATE OF OPERATION  1790 COURSEUT NOT  1790 CONTRIBUTING  1790 COURSEUT NOT  1790	4. FATHER S NAME	First Midd	le Last					Last
Yes_no_or unknown    Of year and or deleased shrower    217-01-1533 Mrs Corr M.   Wesver 828 Salem Ave   No.   Ave   No.   N					ry Leshe			
18 CAUSE OF DEATH (Enter only one cause per line far (a), (b) and (c).)  PART 1. DEATH WAS CAUSED BY:  HOSP IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gove insert at immediate cause (a), storing the underlying cause (b).  Storing the underlying cause (b).  Storing the Underlying cause (b).  10st 1/4 C	60. WAS DECEASED EVEL	IN U.S. ARMED FORCES?  If the same war or dates of service						
The course of peral (inter only one couse per line for (a), (b) and (c).)  PART 1. DEATH WAS CAUSED BY:  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gave isse to immediate cause (a). Stating the underlying cause lost of the conditions contribution of the couse (b). Stating the underlying cause lost of the conditions contribution of the conditions contribution of the condition of t	No		217-01-1	533 Mrs Co	ca M. We	ever 828 S	alem Av	
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19a DATE OF OPERATION   19b CONDITION FOR WHICH OPERATION WAS PERFORMED   20a. AUTOPSY?   20a of 15 yes   15 of 16 yes   15	1 2	()		RELATED TO THE TERMINA	_	~0		
Grant Contributing   Cause of DEATH   HOUR A.M.   Month Day Year   19   21d INJURY OCCURRED   21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No.   City of Tawn   County   State   County   Co	5 are	usselvai	s general	red as		upm lava	delli	
Grant Contributing   Cause of DEATH   HOUR A.M.   Month Day Year   19   21d INJURY OCCURRED   21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No.   City of Tawn   County   State   County   Co	190 DATE OF OPERA	TION 196. CONDITION FOR	R WHICH OPERATION WAS PER	20a. AUT	OPSY?		GS CONSIDERED IN C	ERTIFYING
Grant Contributing   Cause of DEATH   HOUR A.M.   Month Day Year   19   21d INJURY OCCURRED   21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No.   City of Tawn   County   State   County   Co					NO			
While at wark at wark   22a. I certify that (I) (this isopital) attended the deceased from saw the deceased alive an   1968, and that in (my) (at) apinian death accurred an the date and haur and from causes stated above, (I) (w) (did) (did not) view the body after death.  22b. SIGNATURE   22c. DATE SIGNED   22c. DATE SIGNED   22d. PHYSICIAN S NAME (Type)   22d. PHYSICIAN S NAME (Type)   22d. ADDRESS NAME (Type)   23d. DATE   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City or Town) (County) (State)	210. ACCIDENT WA			21c. HOW INJURY OC	CURRED (Enter natu	ire of injury in Part 1 or Par	t 2, Item 18.)	
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22a. I certify that (I) (this inspital) attended the deceased from		RRED 21e PLACE OF INJU	IRY / AT HOME, FARM, STREET, FACT		et or R.F.D. No.	City of Town	County	State
22a. I certify that (I) (this inspital) attended the deceased from 1950, to 2016 19 that (I) (iii) saw the deceased alive an 1950, and that in (my) (iii) apinian death accurred an the date and hour and from causes stated abave, (I) (ivi) (did) (during) view the body after death.  22b. SIGNATURE  22c. DEGREE PHYS  22c. ADDRESS  NAME (Type)  22d. PHYSICIAN S  NAME (Type)  22e. ADDRESS  NAME (Type)  23d. DATE  23c. NAME OF CEMETERY OR CREMATORY  23d. LOCATION (City at Tawn) (Caunty) (State)	While Work Not white		COFFEE BUILDING, ETC			4		
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causes stated abave, (1) (w) (did) (dustri) view the body after death.  22b. SIGNATURE  Causer 7-(coally defended begree Attending Phys. Director Phys. Dire	saw the c	leceased alive an	<u></u>	7 6 8, and that in (m		death accurred an the		and from the
TENDING PHYS DIRECTOR STAFF 10 16-69  22d PHYSICIAN S NAME (Type) ROBERT F. KEAOLE 22e. ADDRESS Agendam Md.  BURAL (EMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stofe)	causes sta	ited abave, (I) (🕪 (c	did) (did not) view the b	ady after death.				
22d PHYSICIAN S NAME (Type)  ROBERT + KEAO1H  22e. ADDRESS NAME (Type)  BUR.AL, CREMATION, 23b. DATE  23c. NAME OF CEMETERY OR CREMATORY  23d LOCATION (City or Town) (County) (State)	22b. SIGNATURE	12-1	-1/1-	ATTEND	NC _ AFR			
22d PHYSICIAN S NAME (Type) ROBERT F. KEAOLH 22e. ADDRESS NAME (Type)  BUR.AL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote)		Columnt.	1-1 (pa de				10.16	6-68
BURAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote)		0-04	and the state of	22e. ADI	DRESS /	1		
DEMOVAL (Family)	NAME (Type)	KOBE	RT + KI	5A01E	Hagu	Dur	Md	
DEMOVAL (Family)	BURIAL CREMATION	23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY	730	d LOCATION (City or Town)	(County)	(State)
							,	1 - 7
	4. FUNERAL DIRECTOR	Haber's town		TIT Camar		GISTRAR 25b REGISTR	AR S SIGNATURE	MICI
Andrew K. Coffman Funeral Home Inc DCT 18 1968 Clientes lunge		_		ome Inc		8 1968 PCL	arlas luca	lee.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after. Page 4 may be retained by the haspital or attending physician. carbon papers. Pages mplately lilled in by **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and complexed director, page 3 should be detached far use as the burial-transit permit. Then please remove should be filed with the State Dept. of Health prior to burial, crematian, or remaval, and in any events. 30M REV 1/58



30M REV. (18)

24 EUNEAL DIRECTOR Rouge

HAGERSTOWN, MARYLAND

ADDRESS

2So. REC'D BY REGISTRAR 2Sb DATE OCT 7 1968

256 REGISTRAR'S SIGNATURE
68 AChorles Judge



The funeral : ges I and 2 s ofter death.

cuted within 24 haurs after death.

**O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certifica<sup>h</sup> Page 4 may be retained by the haspital ar attending physician.

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

15078

4					4771111 01								
DECEASED NAME     (Type or print)	A1ic	e	Middle May		lost Hafft	ner		TE OF DEATH More	nth 30 Day	196	eor	2b-7	HOUR C
3. SEX		4 RACE			5. DATE OF BIR	TH	1 00		(In years	IF JINDER		IF JNDER	24 HRS
female	•		hite			1870	0	lost	rabday) YRS.	MONTHS	DAYS	HOURS	MIN
7a. BIRTHPLACE (State	ar foreign	76. CITIZEN OF WHA	T COUNTRY?	B. MARRIE	D NEVER MARK	RIED	9. COUNT	TY OF DEATH					
country) Penna	a .	USA		WIDOWE	D NOR	CED 🔲	Wa	shing	gton				Md
10. CITY OR TOWN OF Hagersto			NE OF HOSPITAL OR IN:	•	f not in hospital St.			ATION (Kind a rkinglife, eve VII O		12b K INDUS		BUSINESS	OR
13a. USUAL RESIDENCE	(Where deceas			13c, CITY		3d, INSIDE CITY J		3e. STREET ANI					
admission) STATE	/d	13b COUNTY	Wash.	Hage	rstown	YES X NO		112 W	. How	ard	St		
14. FATHER'S NAME	First	Middle	Last		IS, MOTHER'S MA	DEN NAME F	irst		Middle			Last	
]	Daniel	Johnst	on				Mar	ry Bow	man				
16a WAS DECEASED EV	ER IN U.S. ARA	MED FORCES?	16b. SOCIAL SECURITY	NO 17	INFORMANT				Address				
Yes, na or unknawr	(It yes give w	1	95-16-43	22	Mrs. Je	eanne	tte	Grove	, Hag	ers	tow	n,	Md.
	EATH (Enter on	ly ane couse per line	for (a), (b), and (c)	.)					1.9		ETWEEN ON	AATE INTERV HSET AND D	
PART I DEA	IMMEDIA	TE CAUSE (a) Ar	teriosc	lero	tic hea	rt di	sea	se w1	th .	Shor			
Surf	,	DUE TO, OR AS	A CONSEQUENCE OF	С	oronary	occl	Lusi	on		du	ırat	101	n
Canditions, if an													
nse to immedia stating the und			A CONSEQUENCE OF										
last.	<del></del> )	(c)											
PART 2 OTHER S			NG TO DEATH BUT N		TO THE TERMINAL	DISEASE ORG	ONDITION	GIVEN IN PAR	11(0)				
z 1201	Į.	Acute br	onchiti:	S									
190. DATE OF OPE	RATION 19b.	CONDITION FOR WHIC	H OPERATION WAS PE	RFORMED	20a. AUTOF	SY?		Ob IF YES, WE		ONSIDERE	D IN CE	RTIFYING	5
190. DATE OF OPEN					YES 🗌	NO2		CAUSES OF DEA	TH?				
					HOW INJURY OCCI	URRED (Enter	nature o	of injury in Par	t 1 ar Part 2,	Item 18.)			
S or contributing			Manth Day Year										
₹ 21d INJURY OCC	URRED 21e.	,	AT HOME FARM, STREET, FA OFFICE BUILDING, ETC.		LOCATION Street	ar R.F.D. Na		City or Town	1	Caunty	1	5	tate
While Not w													
22a. I certify	that (1) (th	is hasoital) atter	nded the deceas	ed from	<del>October</del>	2400	<del>. 0</del> . to	Oct.	30 . 19	68	that	(I) (w	e) las
saw the	deceased a	live offictor	er 28	1968,0	ind that in (my	() (aur) api	nion de	ath occurre	d on the do	ite and	haur c	ind fro	m the
causes s	toted obove	e, (I) (we) (did) (i	did nat) view the	bady afte	r death.								
22b. SIGNATURE	18%	11	i lu	D no	GREE PHYS	G 🔀 M	IED. IREÇTOR	STAFF PHYS.	22c.	DATE SIGI	168		
22d. PHYSICIAN S		1	7	ξ	22e. ADDI	ess 148	VI C	st খিৰ	shing	011	Str	eet	
NAME (Type	) B. I	3. Kneis	ley, M.I	D.	LLu. NDDI	Ha	ger	stown	Mar	ylan	ıd		
230 BURIAL CREMATE	ON. 23b.	DATE	23c NAME OF	CEMETERY	OR CREMATORY			OCATION (City		(Count		(State	3)
BEMOVAL EPTIT	4117	1-2-68-			1 Ceme	terv		vnest		,	,,	(	
24. FUNERAL DIRECTO			ADDRESS		2 001110	2So REC'D B	Y REGISTE	RAR 2SL	REGISTRAR	SIGNATU	RE		
		ral Home	e, Wayne	sbor					golia	rles	grap	42	

O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled, director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon page should be filed with the State Dept. af Health priar ta burial, crematian, or removal, and in any event, within the VR A15 (4) 30M REV. 1/68



physician and campletely filled in by please remove carban papers crematian, ar remayal, and in any event, execute requires that the death certificate B burial-transit signed by as the prior tal Page 4 may be retained by the haspital or attending IO FUNERAL DIRECTOR: After this certificate has been ed for use of Health p be detached TENDING directar, page 3 shauld be filled þ

death.

funeral 1 and

within 24 haurs after death.

21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY

23b, DATE

HOUR A.M.

PM.

21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.)

21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY) 21f. LOCATION Street or R.F.D. No.

City or Town County

Stote

While Not while of work 220. I certify that (I) (Ahis hospital) attended the deceased from 1964, to .196, and that in (my) (our) apinion death occurred on the date and hour and from the saw the deceased alive on... causes stated above, (1) Kwe) (did) (did not) wew the bady after death 22b. SIGNATURE

> DEGREE PHYS C SPENCER. M.D.

Manth Day Year

ATTENDING 22e ADDRESS

DIRECTOR

STAFF PHYS.

22c. DATE SIGNED 10/5/68

145 S PROSPECT ST. HAGERSTOWN, MD.

23c NAME OF CEMETERY OR CREMATORY

ROSE HILL CEMETERY

23d LOCATION (City or Town)

HAGERSTOWN WASHIN

(County) (State)

OR CONTRIBUTING CAUSE OF DEATH

21d. INJURY OCCURRED

22d. PHYSICIAN'S

230 BUR AL CREMATION REMOVAL (Specify)

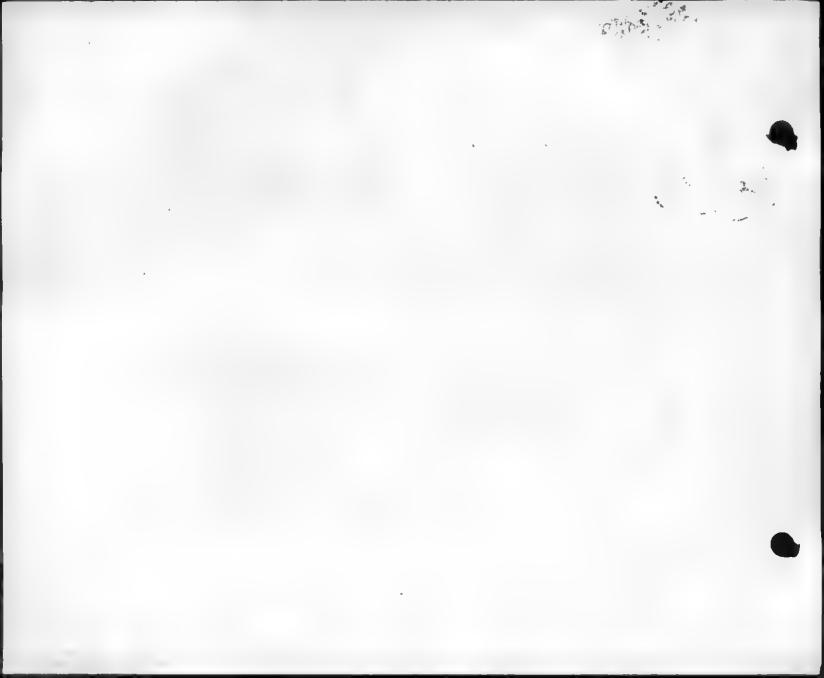
NAME (Type)

(If either, notify medical examiner)

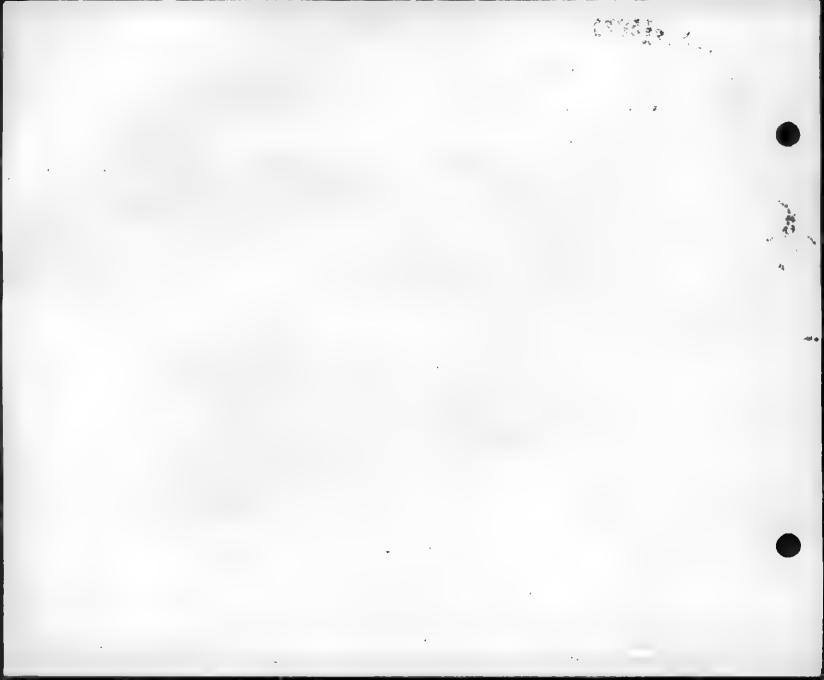
ADDRESS

250 REC'D BY REGISTRAR

25b. REG STRAR'S SIGNATUR



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15090 MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED NAME 20. DATE KNOWN (Type or Print) ESTI OF JOSEPH DEATH MATED 6. AGE (In years F UNDER 24 HRS 2c. DATE PRONOUNCED DEAD 5 DATE OF BIRTH WHITE OCT. 10. 1900 To BIRTHPLACE (State or foreign 7b CIT ZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH W DOWED 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (Kind of work done 26 KIND OF BUSINESS OR during most of working life, even if retired.)
RETIRED SOPERVISOR 13e STREET AND NUMBER 130 LSUA, RESIDENCE (Where deceased I ved, if institution, Residence before 13c, CITY OR TOWN Tand 2 with admission) STATE BALTIMORE YES K NO 14 FATHER'S NAME IS. MOTHER'S MAIDEN NAME haurs pages 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (Yes, no, or unknown) File PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Conditions, if any, which gove rise to immed ofe couse (o) This certificate shauld stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 20 AJTOPSY? WAS PERFORMED? NO TO 210 EXTERNAL CALSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INSURY OCCURRED (Enter noture of in any in Port 1 or Port 2, tem 18) PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 21d INSURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 2 f. LOCATION Street or R F D No City or Fown Stote (ounty foctory, office building, etc.) WHILE AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy ... Inquiry ond in my opinion Inspection deoth resulted fram: Natural causes Accident Suicide Hamicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER DDRESS(Street, city town, or county) 23d. LOCATION (City or Town) C.EM. 25b REGISTRAR'S SIGNATURE VR A15ME (5)



### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

15081

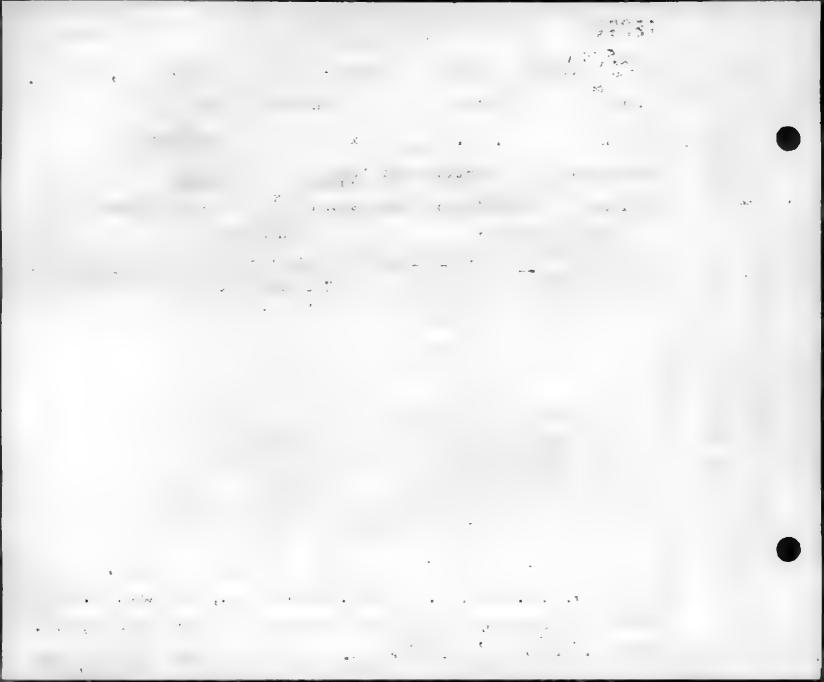
	4.				CENTINIA	WALL OF E	/ III / III					
(1	1	RTHU	R	DAVID Middle	HERI	BERT		20. DA1	Octobi	er Dog	,1988	25 Hour 7:10
3 SE	Male		4. RACE Whi			Janu	ary 2		6 AGE (Ir	yeors hdgy) YRS	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
70 l	BIRTHPLACE (Stote or fo	reign	TE CITIZEN OF WH		8. MARRIED WIDOWED	NEVER MARR DIVORC			shing	ton		Md
	TITY OR TOWN OF DEAT			ME OF HOSPITAL OF	anor N	ursing		nost of wor	MON (Kind of v king life, even i <b>Chant</b>		12b. KIND OF INDUSTRY Retir	BUSINESS OR
odm	us.At RESIDENCE (Whission) STATE	ere deceose	Wash		Hager	stown		10 🗆	523 W	Fra	nklin	St
	Da		Middle Herbert				OEN NAME		t	Middle		Lost
γ	WAS DECEASED EVER I es, no, or unknown) NO		D FORCES? or dates of service)	218-30		Russel			1940		tchfor	d Ave
	18. CAUSE OF DEATH PART I. DEATH V Conditions, if any, whise to immediate constitutions of the underlying lost	VAS CAUSED IMMEDIAT hich gove ouse (o), (	BY: E CAUSE (o) DUE TO, OR A	Arterios S A CONSEQUENCE	scleroti OF			_	s Cali		5 ye	ers
CERTIFICATION	PART 2 OTHER SIGNI	1		TING TO DEATH BU	S PERFORMED	20a. AUTOP	SY?	20	Ob IF YES, WERE AUSES OF DEATH	FINDINGS CO?		ERTIFYING
MEDICAL CE	210 ACCIDENT WAS  OR CONTRIBUTING CIT (If either, not fy med 21d. INJURY OCCURRI While Not while of work of work	CAUSE OF DEATH licol examine ED 21e. F	HOUR A.M. P.M. PLACE OF INJURY	Month Day Y AT HOME, FARM, STREET OFFICE BUILDING, ETC.	901 19 FACTORY ) 21f LO	OW INJURY OCCU	or R.F.D. No	0.	City or Town		County	Store
	220. I certify the saw the dec couses state	ceased oli	ve on 7-20	ended the dece ) (did not) view t	<u>_1968_, an</u>	d that in (my	, 19_ ) (our) op	ou , to	ath occurred	, 19 <u>.6</u> on the dat	te ond hour	ond from the
	22b SIGNATURE  22d. PHYSICIAN'S NAME (Type)	1,50	VS.	the fe	DEGI	22e. ADDR	ESS E	MED. DIRECTOR	STAFF PHYS.	0c	t 2, 1	.968
23o	BURIAL, CREMATION, PEMOVAL (Specify)	4	ober 4/	23c NAME Ro	OF CEMETERY OR	CREMATORY		23d LO	CATION (City or	Town)	(County)	(State)
24. A	FUNERAL DIRECTOR	Hage Coff	rstowm, man Fur	Marylon eral H	nd ome In		2So. REC'D I			REGISTRAR S		

OCT

TO HOSPITAL OR ATTENDING PRYSICIAM: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspstal or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and carfol director, page 3 shauld be detached far use as the burial-transit permit. Then please remave is should be filed with the State Dept. of Health prior ta burial, cremation, ar remaval, and in any eve

plets filled in by the funeral carbon lapers. Pages 1 and 2 dapers, Pages I una a

30M REV





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filled in by the funeral in 1995 Pages 1 and 2 win 72 Fours after death.

sician and campletely prease remave carb

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending ∎Nysician And camplete directar, page 3 shauld be detached far use as the burial-transit permit. Then pieces remave carbe-shauld be filed with the State Dept. af Health priar ta burial, crematian, or remaval, a≡d i≡ a≡y event,

30M REV

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

Page 4 may be retained by the haspital ar attending physician.

executed within 24 haurs after death

#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

				,	CLIVIII	ICAIL OI	DEATH							
	ECEASED-NAME	First	_	Middle		Last		2a.	DATE OF DEA			.,	2b. H	
U	Type or print)	IVA		BELL		HOOVER	3	pc:	TOBER	Month 12	DOY 6	S8 Yeor	7:3	10PM
3. 51	EX		4 RACE			5 DATE OF B	IRTH			AGE (n years		JNDER I YEAR	IF UNDER 2	_
	FEMALE		WHII	E		JULY 2	2, 1891	l	10	ast pluthqoA)	RS. MON	ITHS DAYS	HOURS	MIR
	BIRTHPLACE (Stole or		76. CITIZEN OF W	HAT COUNTRY?	8. MARRIE	D NEVER MA	RRIED	9 COU	NTY OF DEA	ATH				
tuui	MARYLAI	1D	U.S.A		WIDOWE	12.9	RCED 🔲		WASHIN					Md
10. (	CITY OR TOWN OF DE			IAME OF HOSPITAL OR IN	,					d of work da		125 KIND OF		OR
	HAGERSTO			ASHING TON		TY HOSP.		•		even if retire		MOUSTRY HO	OME	
130 adm	USUAL RESIDENCE (V	there deceose	d lived, if institu	tion. Residence befare	1	OR TOWN	13d. INSIDE CITY	_		AND NUMBER				
	nission) STATE MAF	LYLAND	Top coon Th	MASHINGTON .	HAGE	ERSTOWN	<u> </u>	NO 🗌	56 E	BALT		E ST		
14.		First	Middle	lost	B-0-0	15 MOTHERS M			-	Middle			Last	
		SEPH	P.	TRUMPOV			CATE	HERI				ATHER		
160	Yes, no of unknown)	N 1 5 ARME († yes give woi	D FORCES? r or dates all service)	16b. SOCIAL SECURITY		7 INFORMANT			56			BALTIN		ST.
-				213-12-70		IR. FORE	JEST HO	OOV EI	R HA	GERSTO	WN.	MARYI	LAIVD	h.
	1B. CAUSE OF DEA PART I, DEATH			ine for $(a)$ , $(b)$ and $(c)$		./		-/-					ONSET TAND OF	
	PARI I, DEMIN		E CAUSE (a)	Myour	edla	01	yau	lu	4			in	tout	
	11/1		DUE TO, OR	AS A CONSEQUENCE OF	/	1. 12	- //		-11	-4				
	Conditions, if any, insertarimmediate		(b)	Cultur	sch	whi	Hear	1 1	Ulfe	are		6-1	101	
	stating the underl		DUE TO, OR	AS A CONSEQUENCE OF			•							
	last. 47201		(c)		*			<i>-</i>						
	PART 2 OTHER SIG	NIFICANT COND	ITIONS CONTRIBE	T NG TO DEATH BUT N	OT RELATED	1 4 1		CONDITI	ON GIVEN IN	PART 1(0)	11	1	Alt.	
8	Rheum	felil /	Hait 1	Meare			· ·	Cun		Olas	relie	Mel	lefte	ie-
CERTIFICATION	190. DATÉ OF OPERA	TION 195 C	ONDITION FOR WI	HICH OPERATION WAS PE	RFORMED	20a AUT	OPSY		20b IF YES	WERE FINDING	GS CONSI	DERED IN C	ERTIFYING.	
RIF						YES		<u> </u>						
	21a ACCIDENT WAS					HOW INJURY OF	CURRED (Ém	ter nature	e of injury in	Part 1 or Part	2, Item	18.)		
MEDICAL	(If either, notify m	edical examina	er) P.M.	1	9									
M	21d, INJURY OCCUR	RED 21e. F	PLACE OF INJURY	( AT HOME FARM, STREET, FA OFFICE BUILDING, ETC	CTORY ) 21f	LOCATION Stre	et ar R.F.D. N	No	City or 1	dwn	C	ounty	24	ate
	While Nat while at work	<u> </u>								24/				
	22a. I certify t	hat (!) (路)	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	tended the deceas	ed from	Oct.	17, 19.	46.	to	Bleju	19_6	Z, that	r (I) Kwe	) las
	saw the d	eceased ali	ve on	(did not) view the	19 (4.), (	ond that in (n	uA) (þíj() ol	pinian (	death áccu	irred on the	date o	and haur	and fra	m the
	22b. SIGNATURE	rea obuve,	(i) (way (ma	(dia noi) view ine	bady and	er deurn.					22, DATE	E SIGNED		
	220 SIGNATORE		5 Prince	3 Musch	DI	EGREE PHYS		MED DIRECTO		AFF		114/6	58	
	22 d. PHYSICIAN'S		[ So croy	) mary	Di	22e. AD		DIKECIUI	K — FI	112	10	124/0	, , , , , , , , , , , , , , , , , , ,	
	NAME (Type)	EDSON	B. MOOD	Y. M. F.		363		ELANI	D AVE.	HAGER	STOW	N. M	).	
230	BURIAL, CREMATION				CEMETERY	OR CREMATORY				(ity ar Town)		Caunty)	(State)	
2.50	REMOVAL (Specify)	,	0/15/68			CEMETER	v		,	'		**	, ,	
24	FUNERA, DIRECTOR		ALT 1100	ADDRESS		A PHYRAL PAR	2Sa. REC D			2Sb REGISTR			MD,	
(	Thanks &	4 Kores	ca-	HAGERSTO		MARYLANI			6 19	88 gc	lian	Cas S.	442	
	A Sec.	- /	2		,		DAIL -	4		- 11	-	- 4 4	A	

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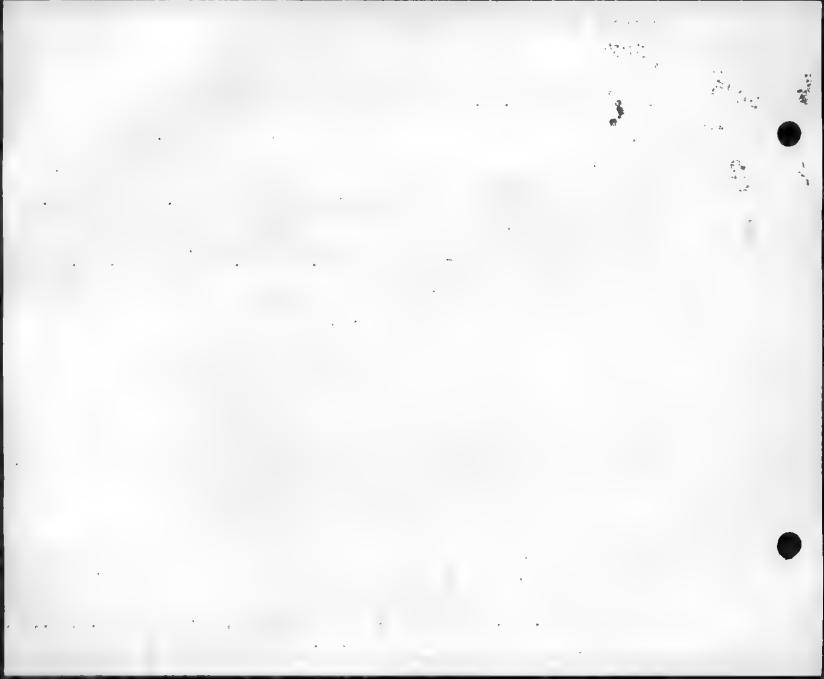
DIVISION OF VITAL RECORDS, 301 .W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15074 15084 CERTIFICATE OF DEATH DECEASED NAME First Middle 20. DATE OF DEATH 2b. HOUR (Type or print) 24 haurs after 3 SEX 4. RACE DATE OF BIRTH 6 AGE (In years IF LINDER I YEAR IF LINDER 24 HRS. lost birthday MONTHS HOURS 7b. CITIZEN OF WHAT, COUNTRY 70 BIRTHPLACE (State or foreign COUNTY OF DEATH MARRIED MEVER MARRIED country)-WIDOWED TO DIVORCED [ 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (if not in haspital 12g USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of work ng life, exep to retired INDUSTRY carbon and completely event, RESIDENCE (Where deceased lived, if institution 13d. INSIDE CRY LIMITS? Residence before 13e STREET AND NUMBER odmission) STATE 13b COUNTY YES please remaye ony PHYSICIAN: The law requires that the death certificate be exe 14 FATHER'S NAME MOTHER'S MAIDEN, NAME First Lost and in ( 7 INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Address (If yes give was or dates of service) Yes, no, ar unknawn) or remova signed by the attending phy APPROXIMATE INTERVA 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) BETWEEN DISET AND DEATH PART : DEATH WAS CAUSED BY IMMEDIATE CAUSE (o crematian, Conditions, if any, which gove ) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF attending physician. stating the underlying cause barial, CONSPIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PARTIMO prior to b TO FUNERAL DIRECTOR: After this certificate has been as the CATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 20<sub>o</sub>. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? use YES [ by the haspital or 21g ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) jo OR CONTRIBUTING TO CAUSE OF DEATH HOUR A.M. Manth Day Year 4 (If either, notify medical examiner) P.M detached (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY Stote City or Town County While Not while at work 220. I certify that (I) (this hospital) attended the deceased, from 3 6-4 1948, and that in (my) (our) opinion death occurred on the date and hour and from the saw the deceased alive on. be retained 0 causes stated obove (1) (we) (and) (did not) view the body after death. shaul 22c DATE SIGNED director, page should be filed DEGREE DIRECTOR PHYS Page 4 may PHYSICIAN'S 22a, ADDRESS Hagerstown, Md T. Binford, M.d. 21740 Réchard NAME (Type) 23b DATE 23a BURIANCEREMATION NAME OF CEMETERY OR CREMATORY 23d LOCATION (Cityaor Town) REMOVAL (Specify) VR A15 [4] 30M REV 1/68

DEPARTMENT OF HEALTH



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FOR STATI				(m		DICAL			CERTIF		OF DE					150		
HEALTH DEF	Ή.		(CEASED NAME ype or Print)	First		TOO	Middle		0.11	Last			20 DATE OF	KNOWN [	Month	Day		2b HOL
7 4 37 5					LEAV			AMIS					DEATH	MATED &		7	1968-	100
28/41 ) P		3 SE		4 RACE	S DATE (			6. AGE (In y		JER I YEAR DAYS	IF JNDER HOURS	24 HRS	2c. DATE Mant	P <b>ronoun</b> ce		Vana		2d HOI
P. 8.5 F		Ma	ale	White	Nov.	29,19	921	46	YRS				Muni	2	Doy	Yeor	1965	72
2, 2, P			RTHPLACE (State		75 CIT ZEN C	OF WHAT CO	UNTRY?	8.	MARRIED [	NEVER MA	RRIED 🔲	9. COUN	ITY OF D	EATH (W)	shin	aton		
is i		cann	Maryla	nd		USA			WIDOWED [	] DIVO	DRCED 🔀	1	NESL	my 10	vi	9 001.		
oth age th f		10. C	ITY OR TOWN OF	DEATH					JTION (if nat	,	12a U	ISUAL OCC	LPATION	(Kind of w		12b KIND		
ve Pages 1, 2, order y with form PM3.	*		narpsb			give street o			idenc		durng	Lab	jerc'	ife even d	retired.)	Gen	era	1
8. Gin alang with 1	death,	13a	USUA. RESIDEN	E (Where decease	ed I ved, if	institution	Residence I	before 13c	CITY OR TOW	N 3	3d INSIDE CITY		13e. STRE	FT AND NU	MBER			
S - S - S		01	mission) STATE	Land	136. LOU	Wash:	ingto	on S	harps	burg	YES 🔀 I	NO 🗌	221	W_	Anti	etan	St	
hour life	ofter	14. E	ATHER'S NAME	First		Middle		Last	15 MO	THER'S MAI	DEN NAME	Eirst			iddle		Last	
EES T	\$ 0		P	hilip	Noah		miso				Agne	s :	Savi	lla	Ing	rgan	l	
Pogge al	hours	160	WAS DECEASED EV	ER IN U.S. ARMED		16b S	OCIAL SECU	RITY NO	17. INFOR	MANT Th	urma	n Ja	amis	ODADDR	burg			
/i} on on	72 h	(,	no, or unknow	In Any dian	one or agrees or si	PV(#) 22(	J=09	-748	211	W.N	aln	St.	, Sh	arps	burg	, Mc	.21	782
	=			DEATH (Enter on		per line for	(a), (b), ar	nd (c))								APF BETW	ROXIMATE II EN ONSET A	NTERVAL NO DEATH
ng" dico	ŧ.		PART I. D	EATH WAS CAUSE	D BY: ATE CAUSE (a	Pos	tal	Ciri	6051		LIEL	64 E	Pa	y/an	e	8	rt.	
Mer Me	event within		1.2	5		O, OR AS A		ICE OF	, an		/	-	U			-	- /	
b∎ "pe iief insit	eve			ny, which gove	fls	Ri	lo for	uli	Loba	125	12400	KAMBI	- ist			12-1	day	5
muld word he Ch	any			iote couse (a), ( derlying couse (	DUE T	O, OR AS A	CONSEQUEN											
shauld be executed to word "pending" is a the Chief Medical build-transit permit.	<u> </u>		rast		) to	)												
a = -	and		PART 2 OTHER	SIGNIFICANT CONE	ITIONS CONT	RIBUTING TO	DEATH BU	T NOT REL	VIED TO THE I	ERMINAL D	DISEASE OR	CONDITION	GIVEN II	N PART I(o)				
2 E 6		Z	7016															
certif , writ orwar used	removal,	AIIO	19a DATE OF O	PERATION					OPERATION							20	AUTOPSY?	
	E /	CERTIFICATION					WAS PERFO	KMED?									/ES XS—	- NO [
r Sign	9		21a EXTERNAL	Cause was r contributing [		ME OF INJUR'	Y Manih, Da	ıy, Year	21c HOW	INJURY O	CCURRED (Er	nter natur	e of njur	ın Part I	or Port 2, lit	em 18.)		
e certif should files.	ation,	MEDICAL	CAUSE OF DEAT	H "	_	P.M.		19										
	mat	ME	21d INJURY OC	f -	PLACE OF INJ	JURY (At hombuilding, etc.)	ne, form, st	reet,	21f LOCAT	ON Street	or R F D No		City	or Town		County		State
IIAM ute th ige 4 your Page	CLE		AT WORK A	T WHILE TO	ciuly, unice i	somoring, esc.	,											
Po Po	10		22a. 1	certify that I t	aok chorge	e of the rei	mains de	scribed o	bove, held	an Auto	ipsy 🖵	- Ins	pectian	, Ir	nquiry 🕒	and	d in my	opini
Cle 5 e C	burial		death re	sulted from:	Notural	couses	Ac	cident [	], Svicio	le 🔲,	Homicic	de 🔲	Unde	termined	manner			
please I direct retoine	0			2	2		/			CHI	EF MEDICAL	EXAMINE	R 🗀					
Ta . 0 Ta	prior		ACTUAL )	charece	W	KT 1X	2 711	ne e		.M.D. ASS	ISTANT MED	ICAL EXAM	AINER [		22b DATE	SIGNED		
SSOTY, funerolly be			_	Edward	ta 1544	++- TT	T M	)		DEF	PUTY MEDICA	AL EXAMIN	IER 🖳			-9-1	16	
necessory, please the funeral direct 5 may be retained or FUNERAL DIRECT	<b>善</b> 2.		NAME (Type)	7 P			/ /				DRESS(Street							
5 a t 2 5	光	23a.	BURIAL, CREMA	10N. 238	BATEL LI	Eron .	Jac MAN	MEBON	TERY ORIVER	MATORYL .	2174	+ <sup>(1)</sup> 23d	LOCATION	(City or To	iwn)	(Caunty)	(510	ate)
•			Buria.	DC1	. 11	.196	Sal	mole	s Man	or C	emet	erv	Sam	ples	Man	or. k	ash	M
	۸.0	24.	FUNERAL UITECT		> 1	1/2-	2075	ADDRESS	s Man	V.	4	D BY REG	STRAR	2Sb R	REGISTRAR'S	SIGNATURE		,
VR A15ME 10M REV 1	(5)	X	No	wold C	ack	Viai	pers	rer	ry,W.	Vd.	DATE	JCT 1	( T )	368	gelie	nes	Jacob	ge.

MARYLAND STATE DEPARTMENT OF HEALTH





MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

_	15077	CERTIFICAT	E OF DEATH		15087
1. PLACE OF DE	ATH			E (Where deceased lived, If institute of COUNT	tution: Residence before admission)
	Washington Cou	nty MARYLAND	a. STATE Massachi	usetts	Plymouth
b. CITY OR 1 write RU	OWN (if outside corporate limit: (AL and give nearest town)	s, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corporate limits, write	RURAL and give nearest town)
Fort Ri	rchie, Maryland HOSPITAL OR INSTITUTION (IF NO	DOA ot in hospital, give street address)	Big Sandy d. STREET ADDRESS	Pond, Plymouth	e. IS RESIDENCE
US Army	Dispensary, For	t Ritchie, Md.	Contral	Ave.	YES NO X
3. NAME OF DECEASED	First	Middle	Last	4. DATE Month	Day Year
(Type or prir		_	Karr	DEATH Octobe	13
5. SEX		KIED ET METER MARKIED	8. DATE OF BIRTH	last birthday) N	FUNDER 1 YEAR IF UNDER 24 HRS.
Male	Caucasian win		∠8 June 19	11 57 yrs.	
	PATION (Give kind of work done orking life, even if retired)	IDD. KIND OF BUSINESS OR INDUSTRY		ounty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S N	Superviser	Fabric Mill	Bristel (	Co. Mass.	USA
15. WAS DECEAS	an Karcznarczek ED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO.   17.	INFORMANT	lankiewicz Address	
(Yes, no, or unkow	n) (If yes give war or dates of service)				
	DF DEATH (Enter only one cause		DR Eugene E	. Sheehy, Ft. R	INTERVAL BETWEEN
	DEATH WAS CAUSED BY:				ONSET AND CEATH
2610	IMMEDIATE CAUSE (a)	Myocardial Infar	ction		5 min
Conditions	- OUE TO				
	to Immediate	Hypertensive Car	diovascular	Disease	
cause (a), underlying (	stating the DUE TO				
		TRIBUTING TO GEATH BUT NOT RELA	ATED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN PA	ART 1(a)   19. WAS AUTOPSY
ICATI	None				PERFORMED? YES NO X
PART II. OTH  200. ACCIDE OR CONTRIB	NT WAS UNDERLYING [] 2 UTING [] CAUSE OF DEATH NOTIFY MEDICAL EXAMINER)	Ob. OESCRIBE HOW INJURY OCCU	JRREO. (Enter nature of	injury in Part i or Part ii of	Item 18.)
			CE OF INJURY (Home, fa		(County) (State)
20c. TIME Hour		While Not While facto	ory, street, office bldg., e	tc.)	
	rtify that (I) (this hospital) a		. 10	9 ppio	. 19, that (I) (we) last
	deceased alive on		t death occurred at2	• 20M, from the causes a	nd on the date stated above.
22a-SIGNA		201			22b. OATE SIGNED
-6	heit I secus	M. M. N. M.C	D. PHYS.	MED. STAFF PHYS.	10 Oct 68
	CIAN'S (Type)	U	22d. ADORESS		
	DELBERT L.	SECRIST, JR., CPT,			rt Ritchie, Md.
23a. BURIAL, CI REMOVAL	REMATION, 23b. DATE THEREO	F 23c. NAME OF CEMETER	Y OR CREMATORY	23d. LOCATION (City, tow	
Buri 24. FUNERAL C	al 10/11/19	68   Sacred Hear	t Cemetery	New Bedford	Bristol Co., Mass
24. FUNERAL C	XR01 44				Charley Judge
	race Jana	Waynesboro, Pe	ma.   DATE U	01 10 1000	- Los Just

VR A15 (4) 20M 1/65

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in bytae thread director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and any event, within 72 hours after death.

TO HOSPITAL BE MITENDING PHYBLIGAN: The law remuires that the death mertifimate be Page 4 may be retained by the hospital or attending physician.

gred within 24 hour

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Josian Candrol

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## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

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-	10	~	V.	<b>%</b>

				CLKIIIIO	ALL OI D	LATII				~ ~
DECEASED-NAME	First		Middle		Last	20	o. DATE OF DEATH			2b. HOUR
(Type or print)	Willi	Lam	(no)	" K	earse		Oct	th 25	7968	M
3. SEX		4. RACE			DATE OF BIRT	1	6. AGE	In years	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
Male		Color	red		Dec 1	1 1914	1 53	rthday) YRS.	MONTHS DAYS	HOURS MIN
o BIRTHPLACE (State	or foreign	7b. CITIZEN OF V	WHAT COUNTRY?	8. MARRIED 3	NEVER MARRIE	9 ((	DUNTY OF DEATH			
Olar. S	.C.	USA		WIDOWED [	DIVORCE		Washing	ton		Md.
O. CITY OR TOWN OF			NAME OF HOSPITAL OR IN	STITUTION (If no	in haspital	120 USUAL OC	CUPATION (Kind of	work done		BUSINESS OR
Hagersto	own 11d	W S	e street address) ashington	Count	y Hosi	during most of	f working life, ever DP er	if refired]	INDUSTRY	road
30 USUAL RESIDENCE	(Where decease	sed lived, if institu	ution: Res dence before	13c. CITY OR	OWN 13d	INSIDE CITY LIMITS?	13e. STREET AND	NUMBER	1.00	* 7.54 //
dmission) STATE	1	WE COUNTY	ington	Hager	stown	EZIKI NO 🗌	135 W	. Beth	nel St	feet
14 FATHER'S NAME	First	Middle	Lost	Is	MOTHER S MAID	EN NAME First		Middle		Last
Jake			Kearse		Anr	าย		Sta	roman.	
160, WAS DECEASED I		MED FORCES?	16b. SOCIAL SECURITY	NO. 17. IN	FORMANT			Address		
Yes, no, ar unknaw	U) (II har diam a	var or bares or service)	712-01-0	139 M	s. Ma	ry L.K	earse l'	35 W J	Rethel	_st_
1B. CAUSE OF	DEATH (Enter on	ly one cause per	line for (a), (b) and (c)	D7		1 1	// \	0		MATE INTERVAL ONSET/AND DEATH
PART I DE	ath was cause	D BY: ATE CAUSE (a)	RCITE!	1/40	cara	ENEX	rfunct	ion	21	Tres.
410			AS A CONSEQUENCE OF	11 5	1.1	N	- ( )	1 -		0/
	ny, which gove		Greeten	Dell	arles	uscle	coloc He	art	Deal	LICAZ
rise to immedi		DUE TO, OR	A CONSEQUENCE OF				Wises	ene		
last 120	/	10/								
PART 2 OTHER	SIGNIFICANT COL	NDINONS CONTRIB	BUTING TO DEATH BUT N	OT RELATED TO	THE TERMINAL D	ISEASE OR CONDI	ITION GIVEN IN PART	1(0)		
	DR S	c ax								
190 DATE OF OP	RATION 19b.	CONDITION FOR W	THICH OPERATION WAS PE	RFORMED	20g AUTOPS	(?	20b IF YES, WEF		ONSIDERED IN C	ERTIFYING
Ĕ					YES 🗀	NO 🗀	CAUSES OF DEAT	H?		
					W INJURY OCCUR	RED (Enter natu	ure of injury in Port	I or Port 2, I	Item 18.)	
OR CONTRIBUTION										
TIU, HUOKI UK	CURRED 21e.		AT HOME, FARM, STREET, FA	CTORY.) 21f. LOC	ATION Street o	r R.F.D. No.	City or Town		County	State
While Not at work	vork		gorrez bombino, are		" —	- 10-	- 1		10.	
22a. I certif	y that (I) (th	is haspital) at	tended the deceas	ed from	- 25	1963	, ta	9 , 19,		t (1) (we) last
saw the	deceased a	live an	() (did not) view the	lY <u>⇔</u> Z, amid body offerd	that in (my)	(aur) apınian	n death accurred	fan the da	te and havr	and fram the
22b SIGNATURE		2, (1) (we) (ulu	/(dionoi) view lile	bady arres a	sulli.			220	DATE SIGNED	
215 SIGNATURE	The same	colt	ce-1012-5	DEGRE	ATTENDING PHYS	MED	OR STAFF		)- 01	5=4
22d. PHYSICIAN	5 99	-	101		22e ADDRE		101/3.		1	
NAME (Typ	B) AR	TURO	KIE	(70	119	EA	n/ic/41	7 5	1	
230. BURIAL, CREMAT	ION. 235.	DATE	23c NAME OF	CEMETERY OR C	REMATORY	1 23	d. LOCATION (City o	r Town)	(County)	(Stote)
BUTTAL Specif	(v) Oc		968 Rose		Cemete		agersto		, ,,	/
24. FUNERAL DIRECTO		V 47 1	ADDRESS			So REC D BY RE	GISTRAR 25b.	REGISTRAR S	SIGNATURE	3 Ty 1 3 M
Prof. K	nist.	. a. VI.	accettering !	and		ATE OCT	129 1968	3 pcl	iontle	Judge.

within 24 hours after death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physician and completely filled in by the director, page 3 should be detached for use os the buriol-transit permit. Then please remove carbon papers. Page , should be filed with the State Dept. of Health prior to burial, cremotion, or removol, and in ony event, within 72 hours at executed **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be Poge 4 may be retained by the hospital or ottending physician.

VR A15 47

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending plysithms and completely filled and the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers? Pages 1 and 2 should be filed with the State Dept of Health prior to burial, cremation, ar remov∎l, and in ony event, within 79-hodrs after death.

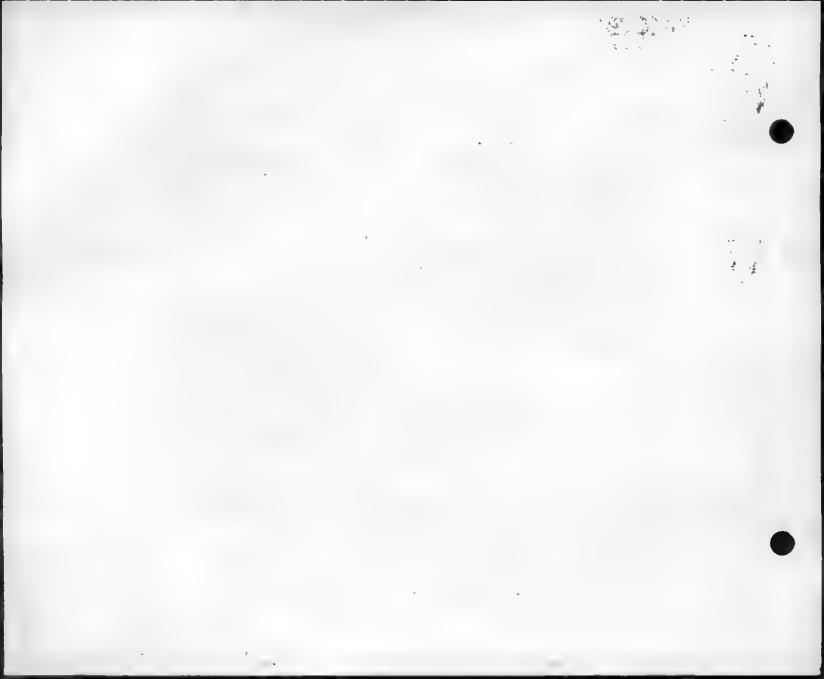
VR A15 (N) 30M REV. 1/ 88

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the haspital or attending physician.

executed within 24 haurs after death.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1	15079		CE	RTIFICATE OF	DEATH			1000	3	
	DECEASED NAME	First	Middle	Last	20	DATE OF DEATH			2b HOUR	
	(Type or print)	JAMES	FRANKLIN	KEYES	, JR. C	CTOBER Month	23 Doy 6	8 Year	10:43 M	
3. !	SEX	4. RACE		S. DATE OF I	BIRTH	6 AGE (in		UNDER I YEAR NTHS DAYS	IE UNDER 24 HRS. HOURS MIN.	
	MALE	WH	ITE	APRII	4, 1925	lost birth	YRS.	IIII) DATS	HOURS MIR.	
	BIRTHPLACE (State or for untry)	eign 7b. CITIZEN (	F WHAT COUNTRY? 8	MARRIED X NEVER MA	RRIED 9. CO	DUNTY OF DEATH				
COL	MARYLAND	U.S				WASHINGTO	N		Md	
	CITY OR TOWN OF DEATH AGERSTOWN		NAME OF HOSP TAL OR INSTIGUE 1 NAME OF HOSP TAL OR INSTIGUE 2300 ROCKCLI	TUTION (If not in hospital		CUPATION (Kind of w		126 KIND OF SINDUSTRY H	USINESS OR	
130	IIS, IAL RESIDENCE (Who	re deceased lived if n	stitution: Residence before 1		13d. INSIDE CITY LIMITS?	13e. STREET AND N		FEJLIVOIT		
odr	nission) STATE MARY	LAND 13b COUN		HAGERSTOWN	YES NO X	2300 RO		E DR.		
14	FATHER'S NAME Firs				IAIDEN NAME First		Middle	7.01	Lost	
	JAM	es f	KEYES	,SR.	HELE				YCE	
	O. WAS DECEASED EVER IN		16b SOCIAL SECURITY NO			-	Address ROC			
L.	Yes, no or unknown)	If yes grya war as dates of servi	219-18-648	4 MRS. JEA	N KEYES	HAGER	STOWN,			
			per line far (a), (b), and (c))	- 2011					IATE INTERVAL ISET AND DEATH	
	PART I DEATH WA	IS CAUSED BY IMMED ATE CAUSE (a)	onebuces	2 nreel	achae.	,		84	reeles	
	1'		OR-AS A CONSEQUENCE OF			0 1	/	1 -		
	Conditions, if any, whi	ch gove )	1100.00	wy of Os	eme ;	Broch	alune	61	200	
	rise to immed ate co- stating the underlying		OR AS A CONSEQUENCE OF		/1/	/				
	lost.	(c)								
	PART 2. OTHER SIGNIFI	CANT CONDITIONS CON	RIBUTING TO DEATH BUT NOT	RELATED TO THE TERMIN	AL DISEASE OR CONDI	TION GIVEN IN PART 1	(a)			
No.	1521									
	TO DATE OF OPPORTOR AND CONDITION OF THE WEST STREET, AND ALTONOMY							NGS CONSIDERED IN CERTIFYING		
CERTIFICAT				YES [						
2	21a ACCIDENT WAS U	I BIDI (()	ME OF INJURY A.M. Month Doy Year	21c HOW INJURY O	CURRED (Enter nati	use of injury in Port 1	or Port 2, Item	18.)		
MFDIC	(If either, natify medic	al examiner)	P.M 19							
25	TIG HANDER OFFINEER	21e. PLACE OF INJ	JRY (AT HOME, FARM, STREET, FACTO OFFICE BUILDING, ETC.	PY) 21f LOCATION STA	eet or R.F.D. Na.	City or Town		ounty	Stote	
	While Nat while at work	-l		15/4	7 /5	10/	2	0		
	22a. I certify that	(I) (tKGK/KokeKifel)	attended the deceased	(frem /	- , 19 <u>80</u>	, 10	190	O_, that	(I) (We) last	
	couses states	asea aiive an Labave (1) (we) (	ottended the deceased 19 did) (didXXX) view the bo	adv after death.	uà) (מודילים) deimiai	i death accurred (	in the date	ana naur a	na tram the	
	22b. SIGNATURE	4	A				22c DATE	E SIGNED		
	15	Maria	le ju	O DEGREE PHYS	ING ( MED DIRECT	OR STAFF	10/2	24/68		
	22d. PHYSICIAN S	- 000		22e. AD	DRESS					
L	NAME (Type)	ONALD E. N	MARTIN, M.D.	36:	3 CLEVELA	ND AVE., H	AGERST	OWN, M	D	
23	BURIAL, CREMATION,	23b DATE	23c NAME OF CE	METERY OR CREMATORY	23	d LOCATION (City or 1	ľawn) (	County)	(State)	
	REMOVAL (Specify)	10/28/		L CEMETERY	В	ALTIMORE C	TTY	**	RYLAND	
24	FUNERAL PURECTOR	1	ADDRESS		250. REC'D BY RE		EGISTRAR'S SIG			
J.C	Kacksom K	suger	HAGERSTOWN,	MARYLAND	DATE OCT 3	0 1968	Cleary	Car Jun	442	



. 1	5080	DIVISION	OF VITAL RECO	RDS, 301 W. PF	ESTO	STREET, BALT	IMORE,	MARYL	AND 21201				
-			MEDICAL	<b>EXAMINER</b>	'S CI	ERTIFICATE	OF DE	ATH			15	091	)
	ASED-NAME or Pgint)	First		Middle		Last			2a. DATE KNO	WN Month	Doy	Year	26 HOU
		Harry		uther		King			DEATH MA	ED L / O	-16	1968	112
3 SEX		4 RACE	S DATE OF BIRTH	6 AGE	(In years	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER	24 HRS	2c. DATE PRON		v		2d HOUS
		White	Jan 19,	1906 6	2 YRS			Here.	Month (C)	Doy	Year	1963	12 H
		e or fore gn 7b	CITIZEN OF WHAT	COUNTRY? 8.		RRIED KNEVER MA		9. COU	NTY OF DEATH				
ranius	West	Virgini	u U.S.	.A.			DRCED		Washir	ig ton_			N
10. CITY	OR TOWN O	F DEATH	II NAME	OF HOSPITAL OR INS t address)	TITUT ON	if not in haspital	12a c	SUAL OC	CUPATION (Kind working life i	af wark done even if retired.)	125 KIND	OF BUSI	NESS OR
	Hager	s town	Wa	sh. Co.	Ho	spital	-	'ore	man		Mas	lonr	y
13a U	SUAL RESIDEN ussinn) STATE	CE (Where deceases	l I ved, «Eanstatution I 135 COLINTY	Residence before			ng div	LMITS?	13e STREET AN	ID NUMBER			
		and	13b_COUNTY Woshiz	igton	MXX		YES		J. Mu	lberr	st.		
14. FAT	HER S NAME	First	Middle	Lost		IS MOTHERS MA	IDEN NAME	First		Middle		Last	
		ammel		King			ata			Ster	ling		
	15 DECEASED EV , no, or unknov	(ER IN U.S. ARMED FO		SOCIAL SECURITY NO		7, INFORMANT				ADDRESS			
	No.			214-05-7	504L	Mrs. I	orot	hy	King	Clear	Spr	ing	- 2
	8 CAUSE OF	DEATH (Enter only DEATH WAS CAUSED	one couse per line l	or (a), (b) and (c))		3	,	,	,		- Ar	VEEN ONSET	ANO DEATH
	FARI I. I.	MMEDIATI	CAUSE (a)	sushue	1	Lu jusy	1 4	0-	chert	نب	T	in the	ed
		1		A CONSEQUENCE OF	1	4 /							
		iny, which gave ) ate cause (a), (	(b) Q 7	ad Mul	Lip	le tro	1/11/11	1/1	c in	Jui 2			
5	tating the un	derlying cause	DUE TO, OR AS	A CONSEQUENCE OF	-			•	·				
10	ost.	,	(c)										
P	ART 2 OTHER	SIGNIFICANT CONDIT	ONS CONTRIBUTING	TO DEATH BUT NOT F	RELATED	TO THE TERMINAL E	OFSEASE OR (	CONDITIO	N GIVEN IN PAR	t⊺ 1(a)			
8	f A		The second second second										
E 1	9a. DATE OF C	PERATION	191	CONDITION FOR WI- WAS PERFORMED?	IICH OPE	RATION						AUTOPSY'	
CERTIFICATION												YES 🗌	NO 🗌
	I a EXTERNA.	CAUSE WAS **CONTRIBUTING [	OUD A H	JRY Manth, Day, Year		1c HOW INJURY OF							1.7
ă L	CAUSE OF DEAT	TH	11-0 mpth	CE-145 19 G						1/2 WC		~	182-4
- 1	ld INJURY OC		ACE OF INJURY (At h ary, office building, e	ome, form, street,		IN A CATON Since				WΠ	County		State
	AT WORK	AT WORK	5+7-004			Fredut	ick	J¥	142	782-1484	in a	105h	no
	22a. I	certify that I tak	эк charge af the	e <mark>mo</mark> ins described	obov	e, held an Auto	psy 🔲,	Îns	pection,				
	death re	sulted fram-	Natural causes	, Accident	B'	Suicide [],	Hamicid	le 🔲,	Undetern	nined manner			
		0	23	0.11		CHI	EF MEDICAL	EXAMINE	R 🔲				
	ACTUAL SIGNATURE	Seleva	ed iv	DINO	121	M D ASS	SISTANT MED	ICAL EXA	MINER	22b DAT	E SIGNED	, .	
	EXAMINER'S					DEF	LTY MEDICA	AL EXAMI	NER .	<i>ا الح</i> 17 تا ت	0-11-	-6f	
	NAME (Type)			o, III, M	.D.	DEF ADI	DRESS(Stræet	, city, ta	wn, ar county) :	Hagerst	oun.	Marv	land
	BURIAL CREMA		ATE	23c NAME OF C	METERY	OR CREMATORY		23d	LOCATION (City	ar Tawn)	(County)	(St	ate)
	BANATA	0 0	t. 10, 6	6 Cedar	La						Wash.		
24 €	MESUS DISECT		idlym	12/226 ADORES	5								
	Thomb	son run	eral Hor	ne Clea	r S	pring,	MAUL	14	1 1968	fula	nes &	nog	-

MARYLAND STATE DEPARTMENT OF HEALTH

VR A15ME (5)



\* I . . . . . (1

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15082

and 2 r death.

funeral

executed within 24 haurs after death.

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law raquires that the death certificate **b** 

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

15092

	DECEASED-NAME	First		M ddte		Lost		20 DATE OF DE			2b. HOUR
	(Type or print)	MAMII	E MAE	SING	HAS	LEE		1	0720/68	Yeor	W
3. 5	SEX		4 RACE			S. DATE OF BIR		6.	AGE (In years ost rangleday)	IF UNDER I YEAR MONTHS DAYS	IF UNDER 24 HRS HÖURS MIN
	emale		White			Oct.	26, 1	.072	YRS.	MONING DATS	HOURS MIN
70.	BIRTHPLACE (Stote	or foreign	7b. CITIZEN OF WHAT	COUNTRY?	8 MARRIED	NEVER MARR	IED 9	COUNTY OF DE			
100	"Vi <b>r</b> gini	a	USA		WIDOWED	CHAPI			ngton C	ounty	Md
10.	any or nown of a Hagersto	DEATH	II. NAM give stre	e OF HOSPITAL OR INS per address) shing ton	TITUTION (IF:	not in hospital HOSP1t	12a USUAL during mas	OCCUPATION (Ki t at warking life LUSSUOL	nd of work dane , even if retired )	126 KIND OF INDUSTRY OWN	Business or Home
130	USUAL RESIDENCE	(Where decease	d lived of institution	Residence before	13c CITY OF	R TOWN	38 INSIDE CITY LIMI	TS?   13e STREE	T AND NUMBER		
odn	mission) STATE Marvlar	nd	13b. COUNTY	ngton	Hagei	rstown	YES NO [	□  276	S. Pros	pect S	St.
14	FATHER'S NAME	First	Middle	Last	1	S. MOTHER'S MAI			Middle		Lost
1	Thomas	H. Si	nghas			Jos	sephir	ie –	N	lullen	
160	WAS DECEASED EV	ER IN U.S. ARME	ED FORCES?	6b. SOCIAL SECURITY N		INFORMANT			Address		
L.	Yes, no, ar unknawn NO	(1) las fixa na	TO GOILES OF SELVICES		S	on: Rol	ot. C.	Lee,	Hagerst		
	18. CAUSE OF DE	EATH (Enter only TH WAS CAUSED	one couse per line BY. TE CAUSE (o)	tor (g), (b), and (c).)	ny	Emb	olus"	Myoca	rdial		MATE INTERVAL DASET AND DEATH
П	2509	, , ,	DUE TO, OR AS	A CONSEQUENCE OF	21	1/2	07				/
	Conditions, if any rise to immediate		(b)	reunde	illa	Hear	1 14	Hate			
	stating the unde		DUE TO, OR AS-	A CONSEQUENCE OF	10	Mala	11).				
	last.	,	(c)	Heav	ece_	rea	eurs.				
		IGNIFICANT CON	DILIONZ CONTRIBUTION	NG TO DEATH BUT NO	I RELATED T	O THE TERMINAL	DISEASE OR CO	NDITION GIVEN II	I PART 1(0)		
No.	19g DATE OF OPER	ATION TION C	ONDITION FOR WHICH	HOPERATION WAS BEE	FORMED	20o. AUTOP.	CVA	JON IE VE	S, WERE FINDINGS O	ONCIDEBED IN C	EBT/EVINO
CERTIFICAT ON	170 DATE OF OPER	Allon 170. C	Jan Co a	00.11	-	YES YES	NO I	CAUSES OF		OHODEKID IN C	CKIIIIIO
ERT	21a. ACCIDENT W	AS LINDERLYING	216 TIME OF I	NILIPY		-	- Lucian	notice of mum a	n Part 1 or Part 2,	Itam 193	
		CAUSE OF DEATH	HOUR A.M.	Month Day Year	210.11	OH HOOKI DEED	WED THIS	norm or milery r	, , , , , , , , , , , , , , , , , , , ,	trem ru.j	
MEDICAL	(If either, notify a		er) P.M. Place of injury / *	19 T HOME, FARM, STREET, FAC FFICE BUILDING, ETC.	ORY.1 216 I	OCATION Street	or R F D. No.	City or	Town	County	Stote
	While Nat wo		(0	FFICE BUILDING, ETC.	/		47 147 167 170	41.7 47			
			hospital) otten	ded the decease	d from	9/13	12819	to >	200 19	. tho	t (1) (we) last
П	saw the	deceased ali	ive on /0/	20/66	9, ar	d that in (my	) (our) apin	ion deoth occ	urred on the do	ite ond hour	ond from the
		toted above,	, (I) (we) (did) (d	id nat) view, the l	ody after	death.					
	22b SIGNATURE	len	0. £	Leve	DEG	ATTENDING			TAFF 22c.	DATE SIGNED	168
	22d. PHYSICIAN S NAME (Type)			/		22e. ADDR	ESS			1 1	
230	BURIAL, CREMATIC			23c NAME OF				23d LOCATION	(City or Tawn)	(County)	(State)
-	B SENOVAL (Specify		/23/68	Green	Hill				ville, V		ia
24.	FUNERAL DIRECTOR	0	. ^	ADDRESS	_		2So. REC D BY		2Sb REGISTRAR S		
14	K Joh.	MAL	ヘノィー	Ronnwill	0	Va.	DATIVE	2.5  1984	1 Villen	Man Car	dan .

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician dod coprofetely filled, director, page 3 should be detached far use as the burial-transit permit. Then plea⊪e remave carban page shauld be filed with the State Dept. af Health priar to burial, crematian, or remaval, and in any event, within a Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 30M REV 1/68



2b, HOUR

HOLIES

Lost

Stote

(County)

30M REV

22d. PHYSICIAN'S

23g BUR AL, CREMATION

NAME (Type) D1

executed

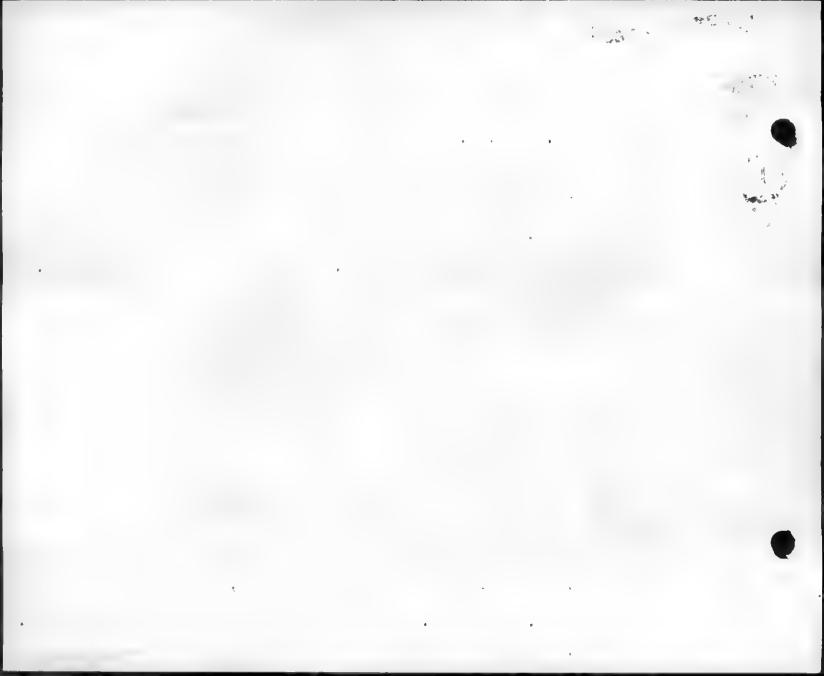
The law requires that the death certificate be

RIMOVAL (POST) 1968 Mt. Bethel Methodist Foxsville Frederick Md. 2Sb. REGISTRAR'S SIGNATUR RECD BY REGISTRAR Thurmont, Maryland OCT

23c NAME OF CEMETERY OR CREMATORY

Thurmont, Maryland

23d. LOCATION (City or Town)



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15094 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED NAME 20. DATE KNOWN (Type or Print) ESTI-0F ŧ, Ervin Nethkins MacDonald DEATH MATED 4 /0-4. RACE IF UNDER 24 HRS 3 SEX S DATE OF BIRTH 2c. DATE PRONOUNCED DEAD last birthday) Aug. 6, 1901 White 67 YRS Male 70 B-RTHP\_ACE (State or fore-an 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH West Virginia Washing " DIVORCED Give Pose 11 NAME OF HOSPITAL DR INSTITUTION (If not in haspital 10. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work done during most of working ife, even frettred. INDUSTRY

Retired Car Inspector Frie Hagerstown Washington County Hospital 13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER deoth Allegany 732 Maryland Avenue Cumberland pencil in Item 1 ] IIII 14. FATHER'S NAME 15. MOTHER S MAIDEN NAME William MacDonald Sena Roges hours 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO ADDRESSWinchester Road 17 INFORMANT (Yes, no, or unknown) Rob't B. MacDonald. Route 5. Cumberland, Md. No 198-16-2680 븚 within 1B. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c)) forwarded to the Chief Medical PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) 420W21~ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove ase to immediate couse (a), This certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause \_ PART 2 OTHER SIGN. FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN, IN PART 1(c) 10 13252 #I Se 19a, DATE OF OPERATION CONDITION FOR WHICH OPERATION WAS PERFORMED? pe should be 21g EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of in any in Part 1 or Port 2, item 18.) 100 DICAL PRIMARY OR CONTRIBUTING HOUR A.M. SICAL EXAMINER: CAUSE OF DEATH 21d NJURY OCCURRED 21e PLACE OF INJURY (At home, farm, street, 21f LOCATION Street or R.F.D. No. City or Town factory, office building, etc.) WHILE AT WORK AT WORK 22a | certify that I took charge of the remains described above, held an Autopsy Inspection ... Inquiry 1 Natural causes death resulted fram Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b DATE SIGNED ASSISTANT MEDICAL EXAMINER ADDRESS(Street /city, lawn, or county) 50 23g BURIAL CREMATION 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) REMOVAL (Specify) 10/ 9/1968 Burial Queens Point Cemetery Kevser Mineral 2So REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE

Balto Ave. Cumberland MODATE

VR A15ME (5) 10M REV, 1/68

(County)

Year

12b KIND OF BUSINESS OR

Haslacker

BETWEEN ONSET AND DEATH

20 ALTOPSY?

County

YES NO NO

and in my apinian

(State)

Stote

OPH

2d HOUR



MARYLAND STATE DEPARTMENT OF HEALTH 15085 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 15095 Middle 1. DECEASED-NAME First Last 2a. DATE OF DEATH 24 hours ofter death, (Type or print) Christabelle McCleary Fancy S. DATE OF BIRTH 3. SFX 4 RACE 6 AGE (In years last biglalay) Nev. 4, 1885 white Female 7a BIRTHPLACE (State or fore.gn 76 CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED NEVER MARRIED West Virginia Washington USA WIDOWED K DIVORCED [ 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR dueng most of working life, even if refired.) Dress Maker Street Magerstewn 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d. INSIDE CITY JIMITS? 13c CITY OR TOWN 13e STREET AND NUMBER requires that the death certificate be exec**oted** YES Y 330 Liberty Street lagerstewn ond in ony 14 FATHER'S NAME First M:ddle Last IS MOTHER'S MAIDEN NAME First Sarah Anna Kendrick James Mensel Kees 330 Liberty Street 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Yes, na, ar unknown) [ (If yes give wor or doles of service) 214-09-0421 Hagerstewn, Maryland Mr. Allen Kees APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a) (b) and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave ) rise to immediate cause (a), stating the underlying cause OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT-RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) O FUNERAL DIRECTOR: After this certificate has been 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20a AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗀 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) for OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R F D. No. City or Town County While Nat while at wark 22a. I certify that (!) (this haspital) attended the depended from 19 68, and that in (my) (aur) apinion death accurred an the date and haur and fram the causes stated abave, (1) (eve) (and) (did not) view the body after deal) 22c. DATE SIGNED director, page 3 should be fried v DIRECTOR 22e. ADDRESS PHYS CIAN 5 NAME (Type) Richard T. Binford MD 1135 Potomac Avenue Hagerstown, Md. 21740 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE (County) Oct.18,1968 Cedar Mill Cemetery Greencastle, Franklin, Pa. 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SEGNATURE **ADDRESS** 2So. REC'D BY REGISTRAR

Williamsport, Md.

2b. HOUR

last

State

(State)

1968

VR A15 (4) 30M REV. 1768

Albert L. Leaf



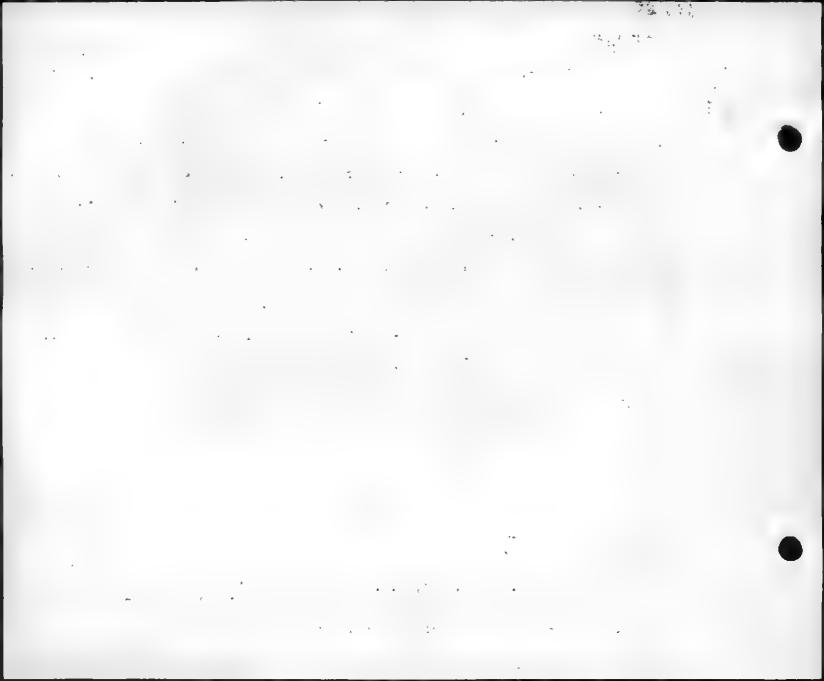
by the Thneral hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Filled O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cord director, page 3 shauld be detached for use as the burial-transit permit. Then please remayes shauld be filed with the State Dept. of Health priar to burial, cremation, ar remayal, and in any ey Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 30M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

1508	3		C	ERTIFIC	CATE OF I	DEATH			150	36
1 DECEASED-NAME (Type or print)	First Kathr	yne .	Middle .:Leiter		lost McGrav	v	20. DATE OF DEATH October	th 29°	19 <sup>Y</sup>	2b. HOJR
3. SEX <b>f e</b> n	ale 4	RACE	hite		S. DATE OF BIR		6 AGE	In years rihdoy) YRS.	IF UNDER 1 YEAR MONTHS DAYS	1F UNDER 24 HRS HOURS MIN
70 BIRTHPLACE (Stote couptry) Maryland 10. CITY OR TOWN OF I	or foreign 7b. C	TIZEN OF WHAT	COUNTRY?  OF HOSPITAL OR INS	WIDOWED	ot in hospital	ED 120 LSUAL	OCCUPATION (Kind of	hingt	12b KIND OF	MC BUSINESS OR
130 USUAL RESIDENCE	Stown (Where deceased live		Residence before	n Mar 13c diyor Hager		T			-	Lng, Co
14. FATHER S NAME	first Aaron	Middle K. McG	Lost		S MOTHER S MAI	DEN NAME Fin	nie Leit	Middle er		Lost
Yes, no. or unknown			6. SOCIAL SECURITY N 14-09-0		INFORMANT Ar. A.I	Kretze	er McGraw	Address Hage	rstown	n,Md.
Conditions, if ony nise to immedia storing the under last PART 2. OTHER S	which gove to cause (o). (I rlying couse)  GNIFICANT CONDITION  Control  Co	(c) SCONTRIBUTING	CONSEQUENCE OF A CONSEQ	Print Brint of RELATED T		DISEASE ORCO	NOTION GIVEN IN PART	. ,		5 days
210 ACCIDENT W	AS UNDERLYING	216 TIME OF IN			YES 🗀	NO 💽	CALISES OF DEAT	Н?		
21d. IN. JRY OCCI While Not wi of work of wo	rk 🗀		19 HOME, FARM, STREET, FACT FICE BUILDING, ETC.	ORY.) 21f L	OCATION Street		City or Town		County	Stote
sow the causes st	that (I) (t <del>his-ho:</del> deceased alive ( oted obove, (I) I	n Ocx	26 19	962 on	d that in (my	, 19 <u>_6</u> ) (o <del>ur)</del> opin	ion deoth occurred	on the do	te ond hour	and from the
22b. SIGNATURE Clu- 22d. PHYSICIAN'S		Dix	6 TTC	DEG	11112	DIR	D. STAFF ECTOR D PHYS W. Washing	0 /	oate signed 0-30- reet	-68-
NAME (Type) 230 BURIAL (REMATIC BURIAL)	N, 23b DATE 10-31	-1968	23c NAME OF C	EMETERY OR	CREMATORY Comete	Hage	rstown, Ma 23d. LOCATION (City o Hagerst	ryland r Town) own,	(County) Md.	(Stote)
24 FUNERAL DIRECTOR		Home	ADDRESS		1	DATE NOV		REGISTRAR'S	SIGNATURE	del



death. (Type ar print) female 7a. BIRTHPLACE (State or foreign Md. 10 CITY OR TOWN OF DEATH Hagerstown 13a USUAL RESIDENCE (Where deceased lived, if institution. Residence before crematian, ar removal, and in any event admission) STATE Md 14. FATHER S NAME First William J. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if any, which gave ) rise to immediate couse (a). stating the underlying couse burial. prior to b 19a, DATE OF OPERATION for use Health 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, natify medical examiner) be detached director, page 3 shauld be detache shauld be filed with the State Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY While Not while at work 22a. I certify that (1) (this-hospital) attended the deceased from SROT 19 saw the deceased alive an OCT causes stated abave, (1) (we) (dud) (did nat) view the bady after death. 22b. SIGNATUR PHYSICIAN'S NAME (Type) 23b. DATE 23a. BURIAL, CREMATION

Month Dov

Hagerstown, Md.

15087

I. DECEASED-NAME

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 1B.) ( AT HOME, FARM, STREET, FACTORY, 21f. LOCATION Street or R.F.D. No. City or Town County State 1965, ta OCT / \_1966, and that in (my) (our) apinian death accurred an the date and haur and fram the 22c DATE SIGNED **ATTENDING** STAFF PHYS. PHYS DIRECTOR 22e ADDRESS NAME OF CEMETERY OR CREMATORY Hagerstonw (State) Md . Rest Haven Cemetery 25b REGISTRAR'S SIGNATURE 25a REC'D BY REGISTRAR

1968

DATED CT

Page 4 may be retained by the hospital or attending OF UNERAL DIRECTOR: After this certificate has been 30M REV

bull Ala (Specify)

funeral director Minnich

10-4-68

Funeral Home

law requires that the death certificate be exacuted within 24 liaurs after disath

the attending physician and campletery sit permit. Then please remave carba

**burial-transit** 

signed by

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15098 15088 CERTIFICATE OF DEATH DECEASED NAME First Middie Last 2a DATE OF DEATH (Type or print) October El va Miller . Irene 1968 6 AGE (In years S DATE OF BIRTH IE UNDER 1 YEAR F LINDER 24 MRS 3 SEX 4. RACE 8-4-1888 white female 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED TO NEVER MARRIED TO Pennsylvania Washington USA WIDOWED TX DIVORCED [ 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR INDUSTRY Home wash. County Hospital during mast of working life, even if retired.) Hagerstown 13r CITY OR TOWN 136. INSIDE CITY LIMITS? 13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13e STREET AND NUMBER 13b COUNTY Hagerstown YESK 32 N. Cleveland, Ave. Md. Wash. 14. FATHER'S NAME Last 15. MOTHER'S MAIDEN NAME First Middle Middle Last Charles Miller Mary Winfield 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, no, or unknown) If yes give war or dates of service) Mrs. Irene Hutzell Hagerstown, Md. APPROX MATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a)\_(b), and\_(c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditions, if any, which gave ) rise to immediate cause (a). DUE TO, QR.AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? 19n. DATE OF OPERATION CAUSES OF DEATH? NO Z YES [ 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR AM (If either, notify medical examiner) AT HOME, FARM. STREET, FACTORY 1 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED 21a PLACE OF INJURY State City or Town County While Mat while at work 22a. I certify that (I) (this hospital) attended the deceased from the deceased from the deceased alive an 10-25 1968 and that in (my) (as) apinian death accurred an the date and haur and from the saw the deceased alive an 10-25 19 6 % and that causes stated abave, (1) (we) (did nat) view the body after death. 22c DATE SIGNED 22b. SIGNATURE ATTENDING 70.64 DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d LOCATION (City or Town) (Stote) 23a BURIAL, CREMATION,

Rose Hill Cemetery

ADDRESS

Hagerstown, Md.

1968

25b REGISTRAR'S SIGNATURE

250. REC D BY REGISTRAR

DATE NOV

O FUNERAL DIRECTOR: After director, page 3 shauld be filed v VR A15 (4) 3

BEMOVAL (Specify)

24. FUNERAL DIRECTOR

11-1-1968

Minnich Funeral Home Hagerstown, Md.

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permit.

**burial-transit** 

fter this certificate has been be detached far use as the

be retained by the haspital ar

ed far use of Health p

State Dept.

3 shauld with the

burial,

24 haurs after death.

requires that the death certificate



Minnich Funeral Home Hagerstown, Md.

VR A15ME (5) 10M REV 1/68

Burial 24 FUNERAL DIRECTOR

25b. REGISTRAR'S SIGNATURE DATE OCT 1968

Baltimore Cemetery Pal ( 10-10-1968

Baltimore, Md.

15099

12b KIND OF BUSINESS OR Home

BETWEEN ONSET AND CEATH

20 AUTOPSY?

County

10-8-68

(County)

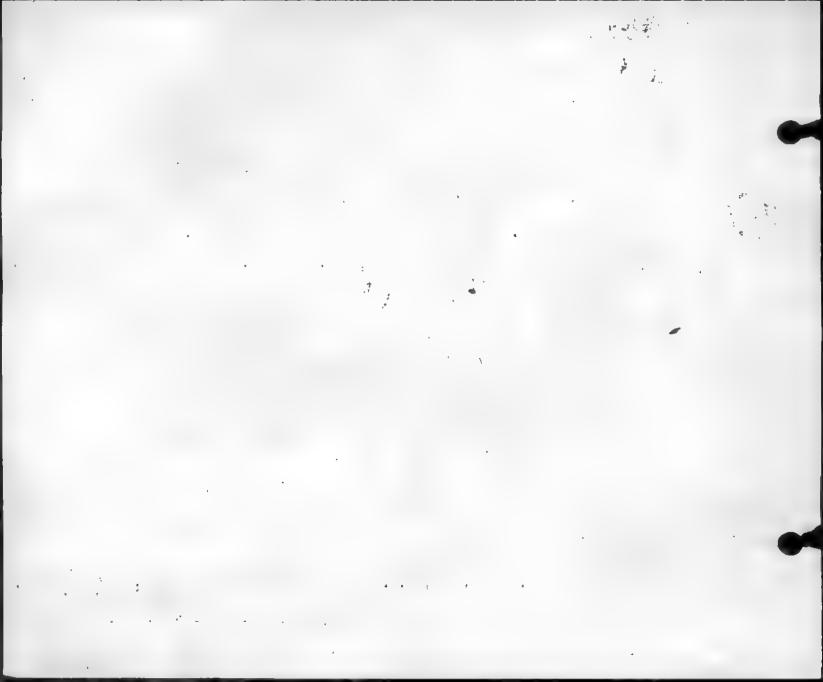
YES [

NO TH

Stote

2b. HOUR

2d HOUR



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15100 DECEASED NAME 20 DATE KNOWN THE Month (Type or Print) ESTI-Page DEATH MATED TO M 6 AGE (In years AF UNDER 24 HRS 4 RACE S DATE OF BIRTH 2c DATE PRONOUNCED DEAD 2d HOUR P.M.3. 70 BIRTHPLACE (State or foreign MARRIED NEVER MARR ED 9 COUNTY OF DEATH arm (ountry) WASHINGTON WIDOWED DIVORCED [ Give\_Poges State haurs after death 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospito 120 USUAL OCCUPATION (Kind of work done 125 KIND OF BUSINESS OR nive street oddress during most of working life, even if retired.) HAGERSTOWN 13e. STREET AND NUMBER 130 USUAL RESIDENCE (Where deceased I ved, it ignitudion, Residence before 13c GDV 13d HISIDE C TY LIMITS? with death It a gers Town YES NO ! land 2 after .⊆ haurs Examiners bages TABL SOCIAL SECURITY NO 17 INFORMANT This certificate should be executed within pencil (Yes, no. or unknown) FIIe 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c). permit. ( 4 should be farwarded to the Chief Medical PART I DEATH WAS CAUSED BY-Generalized arteriosclerosis pending several IMMEDIATE CAUSE (6) Parkinsonism years DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a), writing the ward DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .⊑ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDIT ON GIVEN IN PART 1(a) O 190 DATE OF OPERATION 19b. COND T ON FOR WHICH OPERAT ON 20 AUTOPSY? WAS PERFORMED? YES M NO P a 210 EXTERNAL CAUSE WAS 215 TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 3 shauld PRIMARY TO OR CONTRIBUTING TO HOUR AM CAL **EXAMINER:** Fell from bed 19 68 CAUSE OF DEATH 21d NURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town County Stote factory office building, etc.).
State Hospital WHILE MOT WHILE AT WORK 1500 Pennsykvania Hagerstown Wash Marvland 220. I certify that I taak charge of the remains described above, held an Autopsy ... Inspection [X], Inquiry and in my opinion Natural causes death resulted from-Accident Suicide . Homicide Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** 22b. DATE SIGNED ASS STANT MED CAL EXAMINER the funeral SIGNATURE O DEPUTY DEPUTY MED CAL EXAMINER Hea.th Ditto, Jr. W. NAME (Type) ADDRESS(Street, city, town, or county) 90 230 BURIAL CREMATION, 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) Rest Haven Cemetery + March BY REGISTRAR REMOVAL (Specify) Nagerstown-Washington-Md 25b REGISTRARS SIGNATUR VR AT SME (6) DATE OCT Rest Haven Funeral Chapel



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

15101

	CEASED-NAME	First	Middle	•	Last	2a. DATE OF			2b. HOUR		
(1	'ype ar print')	Ora	V.	N	ave	Oct.	Month 11	1968°°	10:15%		
3 SE	X		4. RACE	S.	DATE OF BIRTH		6 AGE (In years	IF UNDER 1 YEAR	F JNDER 24 HRS		
	Female		White		6/1/05		tast hirthday) 63 YR	MONTHS DAYS	HOURS MIN.		
	SIRTHPLACE (State ar		7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIED 9.	COUNTY OF					
coul	est Virgi	nia	USA	WIDOWED X		WASH	INGTON		Md.		
	ITY OR TOWN OF DEA		11. NAME OF HOSPITAL OR IN	ISTITUTION (If not	in hospital 12a USUAL	OCCUPATION	(Kind of work dan	12b. KIND O	F BUSINESS OR		
	HAGERSTOWN		WESTERN MD.	STATE H	OSPITAL CA	useu	ife, even 'f retired	.) INDUSTRY			
	USUAL RESIDENCE (W	nere deceased	d lived, if institution: Residence before	13c. CITY OR TO			THE AND NUMBER				
uuiii	Mar	yland	Allegany	Cumber	land YES IX NO	34	3 Bedford	d Street			
14.	ATHERS NAME F	irst	Middle A Last	15. /	NOTHER'S MAIDEN NAME Firs	t .	M. ddle		last		
	Robers		m. Iser		Hattie (	7, ()	Inknow	vn)			
	WAS DECEASED EVER		D FORCES? 16b. SOCIAL SECURITY	NO. 17 INF	ORMANT		Address	0 11	1010.		
	es, na, or unknown)	(it yas give wor	214-32-32	99 M2	Lester Le	e Si.	3438	Hafford	37,62		
	18. CAUSE OF DEAT	H (Enter only	one cause per line for (a), (b), and (c)	).)				APPRO: BETWEEN	ONSET AND DEATH		
	PART ). DEATH	WAS CAUSED	BY CAUSE (a) Carcinoma C	f cervi	r with metas	tasts			vrs.		
	1000	Immculati	DUE TO, OR AS A CONSEQUENCE OF		A WI OIL INC COLD	04020					
	Canditians, if any, which gove										
	rise to immediate cause (a), (b) DUE TO, OR AS A CONSEQUENCE OF										
	Stuffing the underlying coose										
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)										
	PART Z OTHER SIGN	IFICANT COND	HILDING CONTRIBUTING TO DEATH BUT I	IOI KEDATED IO I	HE TERMINAL DISEASE OR COL	UDITION GIASH	I SN PAKI I(U)				
NO.	19a, DATE OF OPERATI	OH 1184 C	ONDITION FOR WHICH OPERATION WAS P	LDLODHLD	20a AUTOPSY?	Lank In	YES, WERE FINDING	S CONSIDERED IN	CENTICVINA		
2	190. DATE OF OPERATI	UN 170.CC	SADIMON FOR WRICH OPERATION WAS P	EKTUKMED			OF DEATH?	S CONSIDERED IN	LEKITTING		
CERTIFICATION		CHEENING		les vés	YES NO 🛣						
	21 o. ACCIDENT WAS		1 210 111112 01 11110111		INJURY OCCURRED (Enter r	nature of injury	y in Part 1 ar Part	2, Item 18.)			
MEDICAL	(If either, natify me	dical examine	er) P.M.	9							
M	21d. INJURY OCCURE While Not while		PLACE OF INJURY (AT HOME FARM STREET, FA	CTORY.) 211 LOCA	ITION Street or R.F.D. No.	City	ar Town	County	State		
	at wark at wark	at /I\ /michr	attended the decease	and from M	our 28 1068	to f	Oot III	10 68 tha	+ (1) (+8#1 look		
	saw the de		ve an Oct. 14	19 68 and 1	that in (my) (BUK) apini	ian death a	ccurred on the	date and hour	i (i) (was) idsi		
			(I) (send) (shid) (dechess) view the	bady after de	ath.	idii dodiii d	cconco dii ilic	date dila 11001	and from the		
	22b. SIGNATURE	-1.		/ 1/	91	4.4	12 2	DATE SIGNED	10.		
		78 C	1. Torounce	CLEBEGREE	ATTENDING MEE PHYS. DIR	ECTOR TO	PHYS V	TC 10 LC:	:4. 1988		
	22d. PHYSICIAN'S				22e ADDRESS Weste						
, i	NAME (Type)	Fe U	. Porciuncula, M.	. D.	1500 Penns	ylvania	Ave., F	lagersto	m, Md.		
<b>2</b> 3 o.	BLRIAL CREMATION,	23b DA	ATE 23c NAME OF	CEMETERY OR CE	EMATORY	23d LOCATIO	N (City or Town)	(County)	(State)		
	REMOVAL (Specify)	00	17/68 Freens	lship (	em.	(lend	welle	Pann	ea.		
24	FUNERAL DIRECTOR	0.1	ADDRES!	1/1	25a. REC'D BY		25b. REGISTRA	R'S SIGNATURE			
0	Jamis -	Ster	i Anc. ( um	berland	MA DATOCT	1 7 198	58 gole	meles Jaco	fge		

VR A15 (4) 30M REV, 1/68

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the redirector, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages should be filed with the State Dept. of Health prior to burial, crematian, ar removal, and in any event, within 72 haurs after

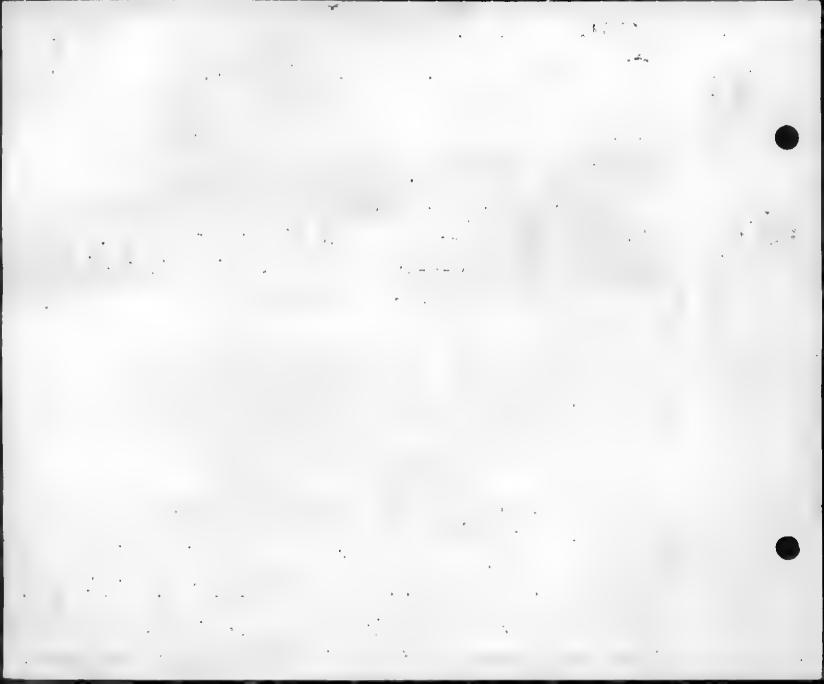
death.

Defer

executed within 24 haurs

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate

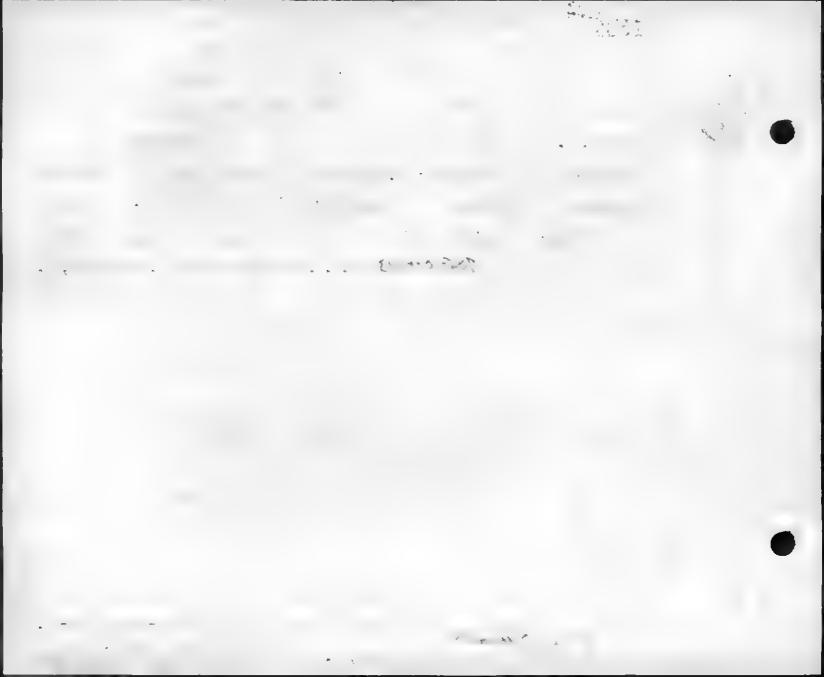
Page 4 may be retained by the hospital or attending physician.



Hagerstown, Md.

VR A15 A15

Rest Haven Funeral Chapel



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15104 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Lost 20. DATE OF DEATH First 2b. HOUR physician and campletely filled in the funeral tentrebase remove carban papers. Pages 1 and 2 (eyol, ayd in any event, within 72 haurs after death. (Type or print) Hallie Berdella Perrott October 3. SEX 4 RACE 6. AGE (In years IF UNDER TYEAR IF JNDER 24 HRS. last birthdoy) HOURS Female Jebruary 15, 1909 requires that the death certificate be executed within 24 pours 7a. BIRTHPLACE (State or fareign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Perriesville,0 Washington DIVORCED IX WIDOWED [ 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR Hagerstown g ve street qddress)
Washington Co. Hospital

130 USUAL RES DENCE (Where deceased lived, if institut on Residence before 13c. CITY OR TOWN during most af warking life, even if retired.) INDUSTRY 13e STREET AND NUMBER 13d. INSIDE CITY LIMITS? odmission STATE and YES K 409 Freemont St. Hagerstown 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME First Lost Daniel Miller William Address Hagerstown Md. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT (If yes give war or dates al service) Yes, na, or unknown) 220-26-7365 Mr. Um J. Perrott 431 Carrolton Ave. 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c))
PART I DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (o) Myocardial infarction burial, cremation, or rem Approximately signed by the attendi burial-transit permit. DUE TO, OR AS A CONSEQUENCE OF (anditions, if ony, which gave) (b) Arteriosclerotic heart disease with Indefinite rise ta immediate cause (o) DUE TO, OR AS A CONSEQUENCE OF OPONARY thrombosis stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) as the priar to 120/Diabetes mellitus has been 19n DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗍 O FUNERAL DIRECTOR: After this certificate ha director, page 3 shauld be detached far use mauld be filed with the State Dept. of Health p NO T 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 1B) 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY Page 4 may be retained by the haspital OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Doy Year 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY) 21F LOCATION Street or R.F.D. No. City of Town County Stote While Not while at work of work \_, 1962 , to Oct. 29 19 22a. I certify that (i) (this hospital) attended the deceosed from Jan 7, 1962, ta OCL, 29, 1908, that (i) (we) last saw the deceased alive on OCL, 18 1968 and that in (my) (aur) apinian deoth accurred an the date and haur and from the couses stoted above, (1) (we) (did) (did nat) view the body after death. 22c DATE SIGNED 22b. SIGNATURE PHYS. 10/29/68 M.D. DEGREE D RECTOR West Washington Street rstown, Maryland 22d. PHYSICIAN S 22a, ADDRESS B. B. Kneisley, M.D. Hagerstown, NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BURIAL, CREMATION, 23b DATE (County) REMOVAL (Specify) Nogerstown-Washington-Md.
250 RECD BY REGISTRAR 256, REGISTRAR'S SIGNATURE Rest Hoven Cemetery ~10/31/68

Kagersitown. Md.

DATE OCT 3 1

1968

MARYLAND STATE DEPARTMENT OF HEALTH

VR A15 (4) 30M REV 1/68

RestHaven Funeral Chapel



## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

OF VITAL RECORDS, 301 W. PRESION STREET, BALL

15105

7000	V		CERTIFIC	ALE OF DEATH		TOTOO
I. DECEASED-NAME	First	Middle		Lost	2a. DATE OF DEATH	26. HOUR
(Type or print)	Carson	Ree	Pott	er	October 1k.	1968 3 100A
SEX	4. RACE			S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR F JADER 24 HR
Male	Tw	hite		June 7, 1899	last birthday)	MONTHS DAYS HOURS MIT
a BIRTHPLACE (State or	foreign 7b. CITIZEN OF	WHAT COUNTRY?	8. MARRIED		COUNTY OF DEATH	
country)	Md. U. S.	A	WIDOWED		Washington	
O CITY OR TOWN OF DEA	TH 1	NAME OF HOSPITAL OR IN	STITUTION (If no		OCCUPATION (Kind of work dane	
Hagerstown	l g	ive street address)  Ashington C	o. Host	ital during mo	st of working life, even if retired.	Granite Works
30. USUAL RESIDENCE (W	here deceased lived, if ins	hitution. Residence before	13c City OR	TOWN 136 INSIDE CTY LIF		
dmission) STATE  Maryland	13b. COUNT	ington	Knoxvil	1e YES □ NO	Rfd. 2	
	irst Midd			MOTHER'S MAIDEN NAME FI		Last
J	oseph I	. Pot	ter	· Pi	nkie	Long
6a WAS DECEASED EVER	IN U.S. ARMED FORCES?	16b SOCIAL SECURITY		FORMANT	Address	20-12
Yes_no, ar unknawn)	(If yes give wer or dates of service	219-05-25	35 Mrs	.Maude Potte	r. Rfd. 2. Knox	ville. Md.
	'H (Enter anly one cause po					APPROXIMATE NTERVAL BETWEEN ONSET AND DEATH
	WAS CAUSED 8Y	Contral		L-Bosil		10 000
4250	IMMEDIATE CAUSE (a)	OR AS A CONSEQUENCE OF			_	
Conditions, if any, v		Sunc	l-1 -	on Their	· scleros p	Year
rise to immediate		OR AS A CONSEQUENCE OF				1 1 1 1
stating the underly	usid canza	OK AS A CONSEQUENCE OF				
	(c) (c)	PIRITING TO DEATH RUE N	IOT RELATED TO	THE TERMINAL DISEASE OR C	ONDIT ON GIVEN IN PART 1(a)	
27 0	Traher	unli Du	OT REALINGS TO	THE TENNING GIVEN ON	, , , , , , , , , , , , , , , , , , ,	
19g. DATE OF OPERAT	ON 196. CONDITION FOR	WHICH OPERATION WAS PI	REORMED	20a. AUTOPSY?	20b IF YES, WERE FINDINGS	CONSIDERED IN CERTIFYING
2				YES NO	CAUSES OF DEATH?	ES
216 ACCIDENT WAS	UNDERLYING 216. TIM	E OF INJURY	21c. HO		nature of injury in Port 1 or Part 2	?, Item 18.)
	CAUSE OF DEATH HOUR A	M. Month Day Year		ferrior	and the state of t	
OR CONTRIBUTING [   (If either, notify me		RY / AT HOME, FARM, STREET FA	GTORY, 3 21f 100	ATION Street at R.F.D. Na.	City or Fown	County State
While Not while		OFFICE BUILDING, ETC	7 211 101	or our direction in the indi-	(1) 01 10111	31411
at wark at wark	ent (1) (this bosnital)	attanded the decase	ad from	12-6- 106	6 to 10-17-1	908 that (1) (wa)
saw the de	eceased alive an	10-17-	19 68 and	that in (my) (ear) opi	6_, ta_10-17-, 1 nian death accurred an the c	date and hour and from
causes sta	ed abave <sub>p</sub> (I) (we) (d	id) (aid nat) view the	bady after d	eath.		
22b. SIGNATURE	Gell.			ATTENDING	FD STAFF C	t. DATE SIGNED
	of us u	1 as	DEGRI	E PHYS D	ED. STAFF PHYS. D	10-14-68
22d. PHYSICIAN'S NAME (Type)	J.SEPH S	ECONDA!	2,	22e ADDRESS	00 NSBOR.	rd
30. BURIAL CREMATION,	23b. DATE	_	CEMETERY OR		23d LOCATION (City or Town)	
BHYY (Pecify)	10- 16- 6				Brownsville, W	
4 FUNERAL DIRECTOR		ADDRESS		2So REC'D B	REGISTRAR 256 REGISTRAR	
ohn H. Bas	t, Jr. 112 N	. Main St.	Boonsbo	ro. Md DATE	1 10 1000 40	early Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the further director, page 3 should be detached far use as the burial-transit permit. Then please remaye carban papers. Pages Frand 2 should be filed with the State Dept of Health prior to burial, crematian, ar remayal, and in any event, within 72 haurs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exec

Page 4 may be retained by the haspital ar attending physician.

filled in by the funeral names. Pages 1 and 2 whin the faurs after death. O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. carban director, page 3 shauld be detached far use as the burial-transit permit. Then please removera shauld be filed with the State Demt. of Health priar ta burial, cremation, ar removal, and in any even TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cort directar, page 3 shauld be detached far use as the burial-transit permit. Then please remove Page 4 may be retained by the haspital or attending physician.

15095

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

10000			CERTIFICATE OF DEATH									15106	
1. DECEASED-NAME	First		Middle		Lost			20. D	ATE OF	DEATH		.,	2b. HOUR
(Type or print)	Edna		Catherin	0	Potm	ill			10	Monti	, 5 po.	198°	6:15
3 SEX	4.	RACE			S. DATE OF	BIRTH				6. AGE (1	n years	F JNDER 1 YEAR	IF UNDER 24 HRS
Female		Whi	te		14/1	23/84				lost birt	ndoy) YRS	MONTHS DAYS	HOURS MIN
70 BIRTHPLACE (Stote or	foreign 7b. Cl	ITIZEN OF WH	AT COUNTRY?	8 MARRIE	D 🔲 NEVER MA	RRIED	9	COU	NTY OF	DEATH			
country) New You	k	USA		WIDOWE		ORCED [		WA	SHI	NGTON	Г		Me
10 CITY OR TOWN OF DE			ME OF HOSPITAL OR INS	TITUTION (	f not in hospital						work done		BUSINESS OR
HAGERSTOWN	,	give si	TERN MD.	STATE	HOSPTI	durir	ng mos	stofw are <del>1</del>	orking	life, even	if retired )	INDUSTRY Ret	ired
130 USUAL RESIDENCE (V	Where deceased live	ed. if institute	on: Residence before	13c CITY	OR TOWN	3d INSIDE		1157	l3e ST	REET AND	NUMBER	20. 11.	
odmission) STATE Max	yland 13	b. COUNTY MC	1/	Beth	resda	YES Se	NO		80	30 Pa	ark O	verlook	Dr.
	First	Middle	Lost		1S. MOTHER'S	MAIDEN NA	ME Fir	st			Middle		Lost
Wil	liam	Henry	Pown.a	11.			Car	'oli	ne				Hill
160 WAS DECEASED EVER	IN U.S. ARMED FO		16b. SOCIAL SECURITY I	10. 1	7. INFORMANT						Address		
Yes, no, or unknown)	(# yes give wor or date	es of service)	073-03-3	829	Mrs								034
18. CAUSE OF DEA		couse per lin	e for (a) (b), and (c)	)	8030	Over	100	ok	Dr	Bet	nesda	M APPRO	IMATE INTERVAL ONSET AND DEATH
PART I. DEATH	WAS CAUSED BY: IMMEDIATE CAU	USE (o)	Pulmonar	y e.l	oolism							2'4	hrs.
14 ,4			S A CONSEQUENCE OF										
Conditions, if any,		(6)	General i	zed a	rterio	cler	osi	SW	rith	CVA		1 1	yr.
rise to immediate stating the underl		DUE TO, OR AS	A CONSEQUENCE OF										
lost.	Ind conse	(c)											

> / V

Z	/ X										
ATK	190. DATE OF OPERATION	196. CONDITIO	N FOR WHIC	H OPERATION	WAS PERFORM	<b>VED</b>	20a AUTOPSY	?	,	NDINGS CONSIDERED IN	CERTIFYING
RTIFIC							YES 🗷	но 🗀	CAUSES OF DEATH?	yes	
$\Box$	210 ACCIDENT WAS UNDE		b TIME OF	INJURY		21c HOW	INJURY OCCURR	ED (Enter	noture of injury in Port 1 or	r Port 2, Item IB.)	
₹	OR CONTRIBUTING CAUSE C	F DEATH HO	OUR A.M.	Month Doy	Yeor						
ă	(If either, notify medical e	xominer)	P.M.		19						
₩	21d. INJURY OCCURRED	21e PLACE OF	F INJURY (	AT HOME FARM, :	STREET, FACTORY	21f LOCA	TION Street or	R F.D No	City or Town	County	Sto

While Not while of work of wor

causes st	ated above, (I) (	(we) (did)	(did not) view the bo	ady after deat	h. ` '(`				
22b. SIGNATURE	Pomengo	×.	Large	DEGREE				22c. DATE SIGNED 10/3/68	
22d. PHYSICIAN'S NAME (Type)	Domingo	A. Ga	rcia. M D.			stern		Hospital	SEA

	layduir (14he) (15)	mmgo A.	Gar Cra's 11.D.	1,00	Famsylven!	AVS., H	ag enar c	Wil , MC
270								
230.	BURIAL, CREMATION	23b. DATE	23c NAME OF CEMETERY	OR CREMATORY	23d LOCATIO	E (City or Town)	(County)	(Stote)
	REMOVAL (Specify)	10/3/68	8 Fike Comet	erv	Dika	Wwwnin	a Ca I	law Va

24. FUNERAL DIRECTOR Hagerstown Md ADDRESS
Andrew K. Coffman uneral Home Inc

250. REC'D BY REGISTRAR
DATE OCT 7 1968

25b. REGISTRAR'S SIGNATURE
ACtionles Judge.

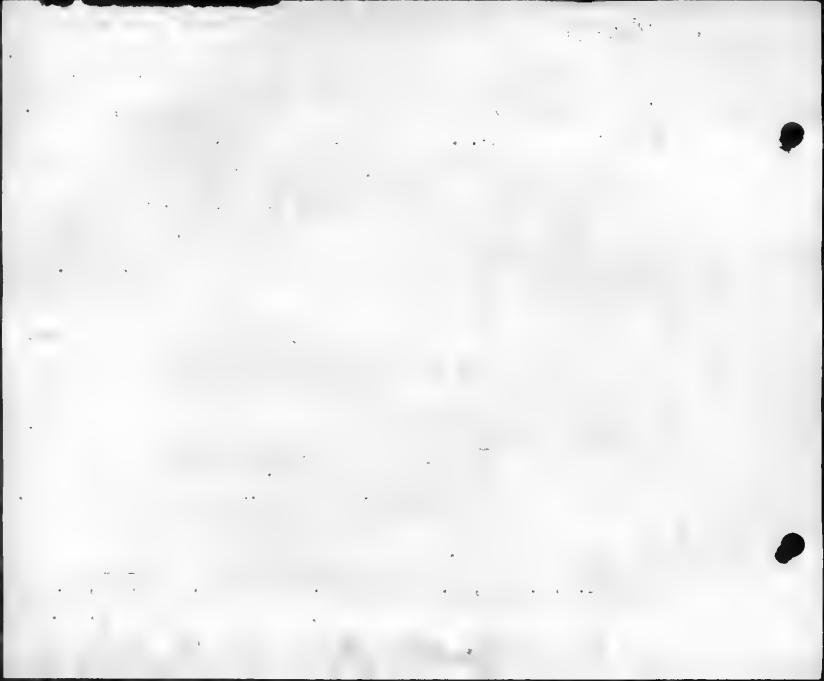
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 5097

15108 CEDTIFICATE OF DEATH

بائد	0000		CE	KIILIC	AIR OF DEAL	i III			- 47 00	,
1 DECEASED NAM			Middle		Lost	2o DA	ATE OF DEATH			2b. HOUR
(Type or print)	Dia	ene	Karren	5	Sadler		Oc Conth	20	1968	M
3 SEX		4 RACE		5	. DATE OF BIRTH		6 AGE (in lost birthd		F UNDER 1 YEAR	IF UNDER 24 NRS.
Fem	ale	Whi	te		April 30	1946	22	YRS	MUNICIPAL CHINUM	INDURS MIN.
70 BIRTHPLACE (S	tate or fareign	76. CITEZEN OF W	HAT COUNTRY? 8	MARRIED	NEVER MARRIED	9. COUNT	TY OF DEATH			
Hage	rstown Md.	U.	D# + 224	WIDOWED [	<u> </u>		Washingto			Md
10. CITY OR TOWN	of DEATH	[ 11, N	AME OF HOSPITAL OR INSTIT street oddress) Washington			ng mast of wa	ATION (Kind of wo irking I fe, even if USE Wife		126 KIND OF INDUSTRY Home	
13g USUAL RESID	ENCE (Where decease	d lound of median	tion Posidones hotors 12	Ic. CITY OR T	OWN 13d. INSIDE	CITY LUMITS?	3e STREET AND NU			
odmission) STAT	Md.	13P COUNTY	shington 1	Hagers	stown YES	NO X	431 Anti	etam J	Dri ve	
14. FATHER'S NAM	E First	Middle	Last		MOTHER'S MAIDEN NA			Miagle		Last
	Charles	E	Messner	Jr.		Wahnet	ta		Will	iams
16a. WAS DECEAS	ED EVER IN U.S. ARME	D FORCES?	16b. SOCIAL SECURITY NO	17 IN	ORMANT			ddress		
res, na, ar unk		10	219-44-43	71	Paul K Sa	dler J	r. 431 J	ntie	tam Dri	Ve
			ine for (a) (b), and (r))						BETWEEN O	MÅTE INTERVAL INSET AND DEATH
	DEATH WAS CAUSED	E CAUSE (a) C	erebral Hem	orrhag	ge .				24 hr	8.
170	9		AS A CONSEQUENCE OF							
Canditions,	fony, which gave	(b)	Malignant me	elano	18				3 ye	ars
stating the	ediate couse (a), ( underlying couse(	DUE TO, OR	AS A CONSEQUENCE OF							
last	)	(c)								
		ITIONS CONTRIBE	TING TO DEATH BUT NOT	RELATED TO	THE TERMINAL DISEASE	ORCONDITION	GIVEN IN PART 1(	9)		
8 1971										
19a, DATE OF	OPERATION 196. CO	ONDITION FOR WI	HICH OPERATION WAS PERFO	ORMED	20a AUTOPSY?	1	206. IF YES, WERE F CAUSES OF DEATH?	INDINGS CO	NSIDERED IN CE	RTIFYING
RTIE						0 🔀				
	NT WAS UNDERLYING UTING □ CAUSE DE DEATH		F INJURY Month Doy Yeor	21c HOV	V INJURY OCCURRED	(Enter nature o	of injury in Part 1 o	or Part 2 It	em 18)	
(If either, n	itify medical examine	er) P.M.	19							
While of work	at work		( AT HOME, EARM, STREET, EACTOR OFFICE BUILDING, ETC.				City or Town		County	State
22a. 1 ce	tify that (!) (this	<del>-hospita</del> l) att	ended the deceased	fram	11-23	19 <u>63</u> , to	0 10-	2719	6 Kt., that	(I) (we) last
Saw Caus	the deceased ali es stated abave,	ve an/ (1) (ws)(did)	-(did not) view the ba	<u>s oʻ</u> , and dy after de	that in (my) (aur eath.	) apınian de	ath accurred a	n the dat	e and haur (	and fram the
22b SHGNAT	IRE /	- 5/		•		1			ATE SIGNED	
(he	aller's	- the	2	DEGRE	ATTENDING PHYS.	MED DIRECTOR	STAFF PRYS.	]/0	-21-6	5.
22d. PHYS C NAME	IAN'S Charle	s F. He	ss, M.D.		22e. ADDRESS	mithsb	urg, Mar	yland	21783	
23a. BURIAL, CRE	WATION, 23b D	ATE	23c NAME OF CEA	AETERY OR C	REMATORY	23d. L(	OCATION (City of To	wn)	(County)	(State)
REMOVAL (S	La.L Oc	t. 22	68 Wol: fs	ville	Lutheran	Cer V	Wolfsvill	e	Fred.	Md.
24 FUNERAL DIR	ECTOR		ADDRESS		2Sa RE	EC'D BY REGISTR	RAR 25b RF	GISTRAR'S S	RIGNATURE	
Minn	ch Funera	Home	Smithsburg	Md.	1 40 C	T 2 3 19	968   <i>fc</i>	المالات	o Jacobs	Ca ·

the funeral death. TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 haurs after death **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completaly filled in director, page 3 shavid be detached for use as the burial-transit permit. Then please remove carbon paper shauld be filed with the State Dept. of Health priar to burial, crematian, or remaval, and in any event, within 72 Rage 4 may be retained by the haspital ar attending physician.

VR A15 108



61/ 1

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and Completely filled in by the director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Page should be filed with the State Dept. of Health priar to burial, cremation, ar removal, and in any event, within 72 haurs of

JOM REVISE

ID HOSPITAL OR ATTEMBING MIYSICIAN: The law requires that the leath certificate being

Page 4 may be retained by the haspital ar attending physician.

within 24 hours after death.

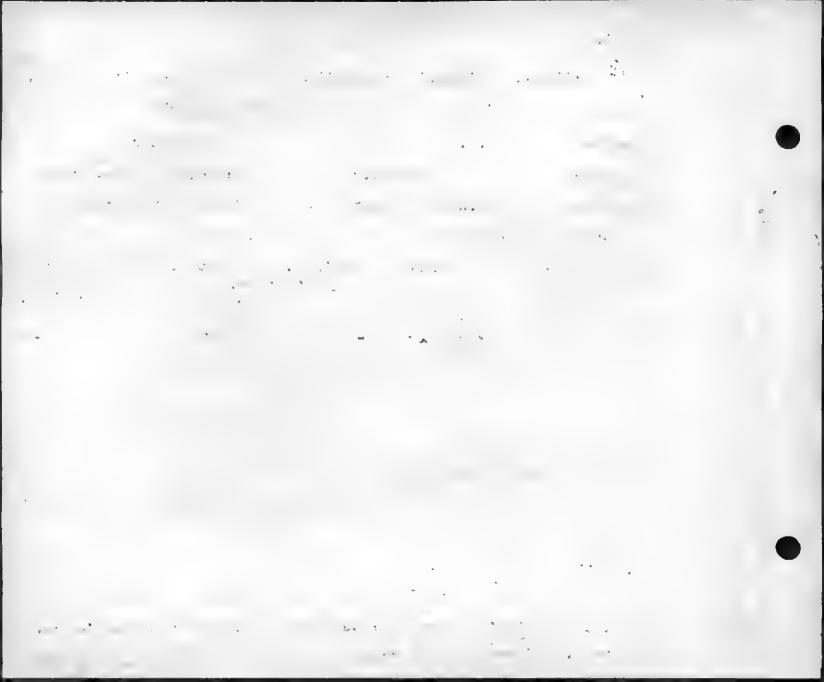
1509\$

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

15109

. DECEASED-NAME	· First		Middle		Lost		20. DATE OF DEATH	V	2b. House
(Type or print)	REBE	CCA F	RANCES	SHAI	NHOLTZ		October	16 1968	
3. SEX	11.0.2	4. RACE			S DATE OF BIRTH		6 AGE flin years	IF UNDER I YEAR	F JNDER 24 HRS
Fema	10	Wh	ite		Sept 6	188	lost hirthday)	MONTHS DAYS	HOURS MIN
o BIRTHPLACE (Stot		7b. CITIZEN OF WH		8	☐ NEVER MARRIED		COUNTY OF DEATH	`\	
tountry)				WIDOWED		J [			44.4
	land	U.S.	ME OF HOSPITAL OR IN			1	Washington OCCUPATION (Kind of work done	25 KIND OF 8	Md.
o, city or town o Hager	stown	give st	reet address) 824 Jef:	ferso	n St	ring most	of working life, even if retired.)  OUSEWIFE	Own Ho	me
30 USUAL RESIDENC	E (Where deceas	ed lived, if institution	on. Residence before	13c, CITY OF	R TOWN 136 INSH	DE CITY LIMITS	13e STREET AND NUMBER		
dmission) STATE	and	Wash	ington	Hage:	rstown YES	NO [	1057 Georgi	a Ave	
4 FATHER'S NAME	First	Middle	Lost		S. MOTHER'S MAIDEN I	NAME First	Middle		Last
(r	o reco	rd) Mar	shall		Mary	у В.	Henson		
160. WAS DECEASED	EVER IN U.S. ARN		16b. SOCIAL SECURITY	NO 17.	INFORMANT		Address		
Yes, no, or unknow	NU) (It has gave as	or or dates of service)	None	M	elvin C.	Sha	nholtz 1057	Georgia	Ave
		ly one couse per lin	e for (a), (b), and (c)	)	Hage	rsto	wn Md		NATE INTERVAL
	EATH WAS CAUSED	BY.	Coron		Their	and the		10	Lance
11.10	IMMEDIA	TE CAUSE (o)		/	400-40	- U	-	10	r-cular
Conditions if	iny, which gove)		S A CONSEQUENCE OF		LAPP. V	/ 1	0.4	8	1100.
	liate cause (a), (	(b) <u>32</u>	TY REA		Love - 1			U	4-2010
	iderlying couse		S A CONSEQUENCE OF						
last.	,	(c)					MATERIAL ALBERT ALL		
PART 2 OTHER	SIGNIFICANT CON	IDITIONS CONTRIBUT	ING TO DEATH BUT N	IOI RELATED 1	O THE TERMINAL DISEA	72F OKCOM	IDITION GIVEN IN PART 1(a)		
8 <u>*</u>	1								- William I
190. DATE OF OF	PERATION 195.	CONDITION FOR WHI	CH OPERATION WAS P	ERFORMED	20a. AUTOPSY?		20b IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CE	RTIFYING
RAILE						NO 🔲			
	WAS UNDERLYIN				OW INJURY OCCURRED	(Enter no	ature of injury in Port 1 or Part 2	1, Item 18.)	
	NG [] CAUSE OF DEAT y medical exomin		Manth Day Year	9					
- LZ IG TREJUKT U	CCURRED 21e.	PLACE OF INITIRY A	AT HOME, FARM, STREET, FA	(CORY.) 21f. L	OCATION Street or R	F.D. Na.	City ar Town	County	State
While Not	while .	,	OFFICE BUILDING, ETC.						
22n L certif	fy that (i) (th	is haspital) atte	ended the deceas	ed fram_L	1-15	, 19 <sub>-6</sub>	7, 10 10-16 1	9 <u>6</u> 5, that	(I) (we) last
saw th	e deceased a	live on	-16	19 <u>.65</u> . ar	id that in (mv) (ee	<del>சு</del> ) apini	an death accurred an the	date and haur c	and from the
		e, (I) ( <del>we</del> ) ( <del>did</del> ) (	(did nat) view the	bady after	death.				
225. SIGNATURE	n	, P.D			ATTENDING D	MED.	CTAFF	c. DATE SIGNED	, ,~
/	oker	1. CO	mad	DEG	REE PHYS. L	DIRE	CTOR LJ PHYS. LJ /	10-17-6	28
22d. PHYSICIAN NAME (Ty	IS RAL	ert P.	<u>^</u>		22e. ADDRESS	,137	w. Washin	rate	
MADNE (14)	17 1013	27-1/	COTITA	4			erstown, m	'd .	
230. BURIAL, CREMA			23c NAME OF				23d LOCATION (City or Tawn)	(County)	(State)
REWONAL (SDEE		0/19/68			Cemetery		Hagerstown W	ash Co	Md.
24 FUNERAL DIRECT		gerstow			2Sa.	RECED BY	REGISTRAR L256. REGISTRAS	S SIGNATURE	
Andre	W K. C	offman	Funeral	Home	Inc DATE	UUI	10 1300 800	carla lu	del



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15099 CERTIFICATE OF DEATH 15110 DECEASED-NAME 2a. DATE OF DEATH 2b. HOUR First Middle 24 hours ofter deoth (Type or print) filled in by the funeral popers I grid Hemmie Catherine 5. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 3. SEX 4. RACE 6. AGE (In years lost birthday) MONTHS DAYS HOURS November 19. 7b CITIZEN OF WHAT COUNTRY? COUNTY OF DEATH 70 BIRTHPLACE (State or foreign MARRIED NEVER MARRIED Rockinham Co. Va. WIDOWED X DIVORCED | Washington 120 USUAL OCCUPATION (Kind of work done IG. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b KIND OF BUSINESS OR ave street oddress Hunor Nursing Home during most of working life, even if retired.) Hagerstown Own Home mpletely requires that the death certificate be executed with event, 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13e STREET AND NUMBER 13d. INSIDE CITY LIMITS' 641 W. Washington St. please remove In ony 14 FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Lost physicion and Samuel Tate dward oud 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Yes, na, ar unknown) signed by the attending phy buriol-transit permit. Then 1B CAUSE OF DEATH (Enter only one cause per me for (a), (b), and (c))
PART 1 DEATH WAS CAUSED BY BETWEEN ONSET AND DEATH 200 IMMEDIATE CAUSE (a) Conditions, if any, which gave) 220179 rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the O FUNERAL DIRECTOR: After this certificate has been 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO L of Heolth p YES -2 o ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 2 c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Manth Day Year (If either, notify medical examiner) P.M. detached 21d INJURY OCCURRED 216 PLACE OF INJURY (AT HOME FARM, STREET, FACTORY) 211 LOCATION Street or R.F.D. No. City or Town County State While Not while at work TENDING 22a. I certify that (1) (this hospitel) attended the deceased from \$2 0 + 20 , 19 6 + , to 0 + 17 , 19 6 + , that (1) (we) lost saw the deceased give an 0 + 17 , 19 6 + , and that in (my) (ow) opinion death accurred on the date and hour and from the be retained director, page 3 should should be filed with the causes stated above. (1) (wa) (did) (did not) view the bady after death. 22c DATE SIGNED. 22b. SIGNATURE **ATTENDING** DIRECTOR O HOSPITAL 22e ADDRESS 22d. PHYSICIAN S Page 4 may NAME (Type) 23b DATE NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, (County) 10/20/68 Rest Haven Cemeters Hagerstown-Washington-Md

VR A15 (4) 30M REV 1/68

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100+ 1/1/. 20 s 2 s .

funeral death.

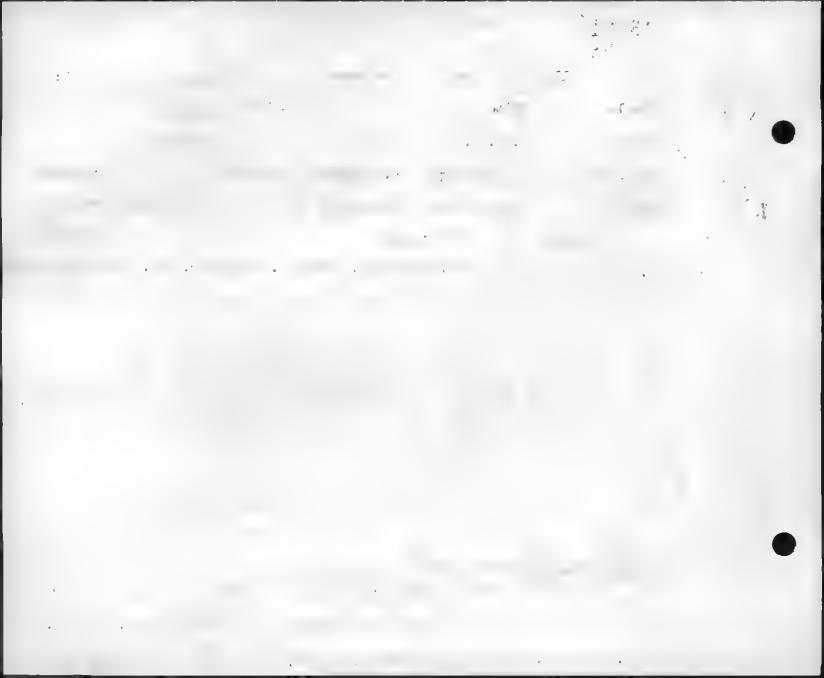
executed within 24 hours after death

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate by

Page 4 may be retained by the hospital ar attending physician.

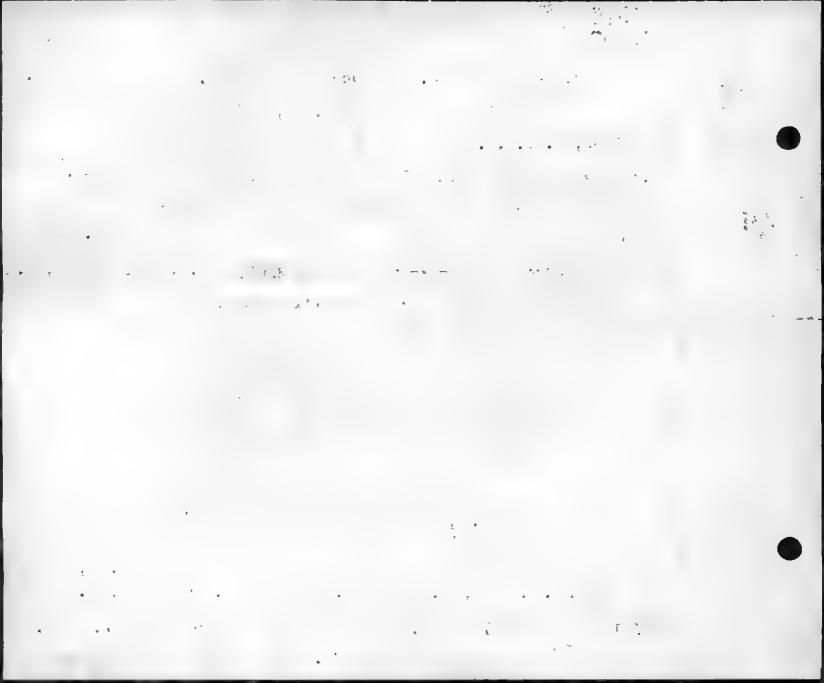
				CERTIFI	CATE OF	DEAL	П					
DECEASED-NAME (Type or print)	First		Middle		Lost		20	DATE OF		Day V		26 HOUR
· · · · ·	Lilli		Ann	Shoe	naker			Octo		, Doy 968		100P M
. SEX		4. RACE			S. DATE OF				6 AGE (In years	IF UNDER		IF UNDER 24 HRS.
Female		White			June	27,	1899			YRS.	ONIS	TIOURS INFO.
a BIRTHPLACE (State a	r foreign	7b. CITIZEN OF WI	HAT COUNTRY?	8. MARRIED	NEVER M.	ARRIED	9 CO	DUNTY OF	DEATH			
Luray, Va		U.S.		WIDOWED		ORCED 🗀			ingten			Md
io. city or town of d		Alve :	AME OF HOSPITAL OR I street address) Lanington	,	,	dozi	USUAL OC ng most of	CUPAT ON ( working li	Kind of wark d fe, even if retir	ed.) 12b K	IND OF B	USINESS OR
3a USUAL RESIDENCE ( odm.ssion) STATE		d lived, if institut	ian. Res dence befar	B 13c. CITY O	R TOWN	136. INSIDE	CITY LIMITS?		EET AND NUMBE			
Maryland		13b COUNTY	ington	Hager	stown	YES	NO _	230	9 Virgi	nia Av	8.	
14. FATHER'S NAME	First	Middle	Last		S. MOTHER'S	MAIDEN NA	ME First		Mrdd	le		Lost
	filbur			Lton			Mar	<b>y</b>			De	vis
Yes, no of unknown)		D FORCES? r or dates of service)	16b. SOCIAL SECURIT		INFORMANT			-	Addre			
HO.	(11)		219-14-91	380 Mr	. Geor	ge L	Sho	emake	r, Rfd.	2 Cle		ring, M
Conditions, if only rise to immediat stoting the under lost. 350 PART 2 OTHER ST. Hypertem. 19a. DATE OF OPER. 21a. ACCIDENT W. OR CONTRIBUTING (If either, notify m. While Not	which gove e couse (o), lying couse Sive Varion 196 Co	BY.  E CAUSE (o) Ch  DUE TO, OR A  (b)  DUE TO, OR A  (c)  DITIONS CONTRIBU  BSC • Di se  ONDITION FOR WH  CAUSE (DI TIME OF AM.  P.M.	ne for (o), (b), ond (  ronic Bra  AS A CONSEQUENCE C  AN OPERATION WAS  FINJARY  Manth Doy Yec  (AT HOME FARM, STREET, OFFICE BUILDING, ETC.	n Syn  of  NOT RELATED TO  onic Ch  performed  21c. H	O THE TERMINOLOGYS  200 AU  YES [  100W INJURY O	NAL DISEASI <b>ti ti s</b> TOPSY?  NOCCURRED	e ORCOND  3. Um	TION GIVEN bilic 20b IF CAUSES ure af intury	IN PART I(o)	Moderatia design	3 y	
saw the causes of 22b SIGNATURE	that (1) films deceased als gred abave,	ve on Oct (1) the that	ended the deced (did not) view th	_19 <u>_68</u> , ar e bady after 	death. P  ATTENI REE PHYS.	my)†æir ronou DING -	) apinian mced MED. DIRECTI	death of dead	by J.J	Dobbie  220 DATE SIGN October	haur a MED 29	nd from the .D.
230 BURIAL, CREMAT O BEMOVAL (Specify) 24. FUNERAL DIRECTOR	10-	28-68			7 Cemet		Sh ECD BY RED	arpsb			. , <b>1</b>	(State)

TO FINIERAL DIRICTOR: After this certificate has been signed by the attending physician and completely filled in Ky the director, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers, Pageshauld be filed with the State Dept. at Health priar to burial, cremation, ar removal, and in any event, within 72 haurs attained. VR A15 (4) 30M REV. 1/88



	15102		CERTIFICATE OF DEATH								151	13
	CEASED NAME	First		Middle		Last		20 DATE OF	DEATH Month	Day	Veor	2h HOUR
Į,	Abe or built	Jesew	h	M.		Shupp		Oct.	monin	14	1 9 68	A. M
3. SE	Х	-	4. RACE			5. DATE OF B	IRTH		6. AGE (In y		ONTHS DAYS	IF UNDER 24 HRS. HGURS MIN
	Male		White			Dec.	10,187	78	last birthdo	YRS.	UNITS UNITS	TIOOKS SHOW
7o E	RIRTHPLACE (State or I	foreign 75	CITIZEN OF WHAT C	OUNTRY?	8. MARRIE	NEVER MAI	RRIED 9.	COUNTY OF				
	Charlter		U.S.A.		WIDOWE		RCED 🗍	Washi				Md
10, 0	ITY OR TOWN OF DEA	TH	11. NAME 0 give street	F HOSPITAL OR INS	STITUTION (H	nat in haspital		OCCUPATION t af wark ng l			12b KIND OF E	BUSINESS OR
R	d.1 Cles	r Spr	ing k	ieute ]			Far	mer			Retir	ed
13a odmi	USUAL RESIDENCE (WI		fived, if institution is 13b ZOUNTY	tesidence before	13c. CITY (		136 INSIDE CITY EIMI	-	REET AND NUM	WBER		
	Maryland		Washing			r Spri		77	leute	1		
14. F	_	erst	Middle	Lost			AIDEN NAME Firs	st	, N	Middle		Last
	Daniel		#	Shupp			rilla		#		Well	.er
	WAS DECEASED EVER es, pg. or unknown)	IN U.S. ARMED	dates of service)	SOCIAL SECURITY I		INFORMANT	9 912 0			ddress		3.65
	es, no. or unknown)	Nen		14-54-6	F. F.	Edwar	d Shup	Ro		Lagr		ATE INTERVA.
	18. CAUSE OF DEATH		ine cause per line for v.									ISET AND DEATH
	4400	INNAMEDIATE	CAUSE (o) _Art	<u>erioscle</u>	erotic	Vascu.	lar Dise	ase, S	evere		5 ye	ars
	, , , ,	7	DUE TO, OR AS A G	ONSEQUENCE OF								
	Conditions, if any, w			nility								
	stating the underly		DUE TO, OR AS A	CONSEQUENCE OF								
	last.	, , , , , , , , , , , , , , , , , , ,	{t}	TO DESTINATION AND	OT DELEVED	TO THE PERSON	1 D.CO.C. AD.CO.	UDITANI AIUF	ALL BART NO			
	* PART 2, UTHER SIGN	IHCANT CONDI	IONS CONTRIBUTING	10 DEATH BUT NO	OI KELATED	TO THE TERMINA	L DISEASE OR COI	NIDITION GIVEN	I IN PAKI I(a	)		
NOL	, 19a. DATE OF OPERATI	ON TIPL COL	IDITION FOR WHICH O	DED ATION WAS DE	DENDMEN	20a. AUTO	10000	206 15	VES WEDE EII	NDINGS CON	SIDERED IN CE	PTIEVING
MEDICAL CERTIFICATION	I THE DATE OF OFERALI	UN 170. COI	ADMINITOR WHICH O	PERAITON WAS PE	Krokmed	YES [			OF DEATH?	NUINOS CON	SIDEKED IN CE	KIIFIINO
. CER	21a. ACCIDENT WAS		216 TIME OF INJU		21c.	HOW INJURY OC	CURRED (Enter n	nature of injur	y in Part 1 oi	r Part 2, Ite	m 18.)	
SIGN	OR CONTRIBUTING [			inth Day Year 19								
ME	21d INJURY OCCURR	ED 21e. PL	ACE OF INJURY (AT HE	DME, FARM, STREET, FAC E. BUILDING, ETC.	TORY.) 21f.	LOCATION Stre	et or R.F.D. No.	City	or Town		County	State
	White Not while at wark											
	22a. I certify th	at (I) (this	hospital) ottende	d the deceose	ed from-	July 15	, 19.68	3, to_ <u>Oc</u>	t. 14.	<u>, 19_6</u>	58 , that	(I) (we) last
	saw the de	ed abave (	e on <u>Oct.</u>  } ( <del>we</del> ) (did) (di <del>d</del>	ent) view the	hody afte	na thot in (m r death	iy} (our) opini	ion death o	ccurred on	the date	ond hour o	ind from the
	22b. SIGNATURE	1	10,000,00	7	boay and					22c DA	TE SIGNED	
	/	1.24	1 of old	1 %	DE	GREE PHYS	NG 🔲 MEI	ECTOR	STAFF PHYS.	3	15. 1	1068
	22d. PHYSICIAN'S	-				22e ADI				1000		300
	NAME (Type)	r. E.	W. Ditto.	Jr.	21	W. Was	shingtor	st.,	Hager:	stown	. Md.	
230	BURIAL, CREMATION,	23b. DA1	E	23c. NAME OF	CEMETERY C	R CREMATORY		23d LOCATIO	N (City or Tax	wn)	(County)	(State)
	REMOVAL (Specify)	10	17/68			s Ceme	tery		hing			Md.
24	FUNERAL DIRECTOR	ex Ros	aland	ADDRESS		Nr.	25a. REC D BY			GISTRAR S S		46
, ,	Marke	-, /	C.	lear Sp	oring	Md.	DATO CT	18 198	od Ko	learl	A July	4

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial and Carpletely filled in by a director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pashould be filled with the State Dept. of Health priar to burial, crematian, or removal, and in any event, within 72 hours and campletely filled in by Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 30M REV, 1/68



22c. DATE SIGNED ATTENDING MED. DIRECTOR October 11, 1968

PHYS

DEGREE

NAME (Type) William Layman, M.D. 220 ADDRESS 301 E. Antietam Street, Hagerstown, Md. 23d LOCATION (City or Town) (Stote)

23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REPOYE (PAIT) 10/12/68 ROSE HILL CEM.

HAGERSTOWN 25a, REC'D BY REGISTRAR

(County) WASH. MD. 25b. REGISTRAR'S SIGNATURE

IF UNDER 24 HRS

MD.

Stote

24. FUNERAL DIRECTOR

ADDRESS

1968 Ochanlas OCT 16

of FUNERAL DIRECTOR: After director, page 3 should be described by the Should be filed with the Stote

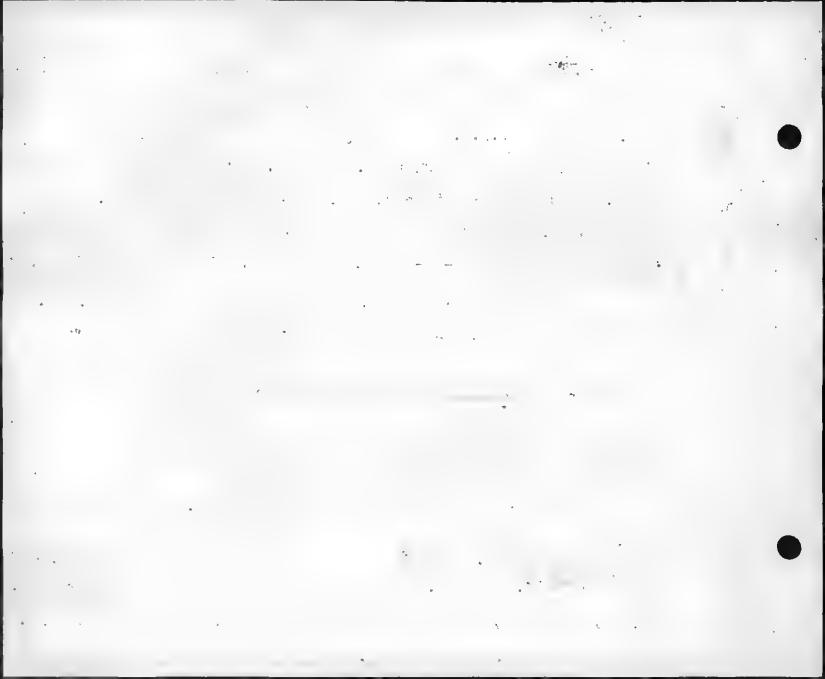
funeral 1 ond 2 er deoth.

requires that the death certificate be executed within 24 hours ofter death.

the attending physician and completely filled sit permit. Then please remove carbon plate

burial-transit

has been s os the prior to 1





CERTIFICATE OF DEATH

Last

S. DATE OF BIRTH

15105 DECEASED-NAME

Middle HARR IGAN

**STAINS** 

October 6. AGE (In years IF LINDER 1 YEAR

SHTINOM

type or pinni	VIRGIN	IA
EX		4. RACE
Female		

First

White 7b. CITIZEN OF WHAT COUNTRY?

Jany 30 1902 9. COUNTY OF DEATH

last birthday) 66

HOURS

2b. HOUR

7a, BIRTHPLACE (State or fareign country) Maryland
TO CITY OR TOWN OF CEATH

U.S.A. 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital

8- MARRIED 🔀 NEVER MARRIED WIDOWED [7]

DIVORCED [

Washington 12a, USUAL OCCUPATION (Kind of work done

2a. DATE OF OFATH

12b. KIND OF BUSINESS OR INDUSTRY

Hagerstown

give street address)

Wash County Hospital 13a USJA, RESIDENCE (Where deceased lived, if institution: Residence before 113c, CITY OR TOWN

during most of working life, even if retired ) Lad. INSIDE CITY LIMITS? 13e. STREET AND NUMBER YES KIN NO

Own Home

odmission) STATE
Maryland 14. FATHER'S NAME

First

Middle

136. COUNTY

Last

shington Hagerstown IS. MOTHER'S MAIDEN NAME First

Baltimore

St

John Harrigon 16g. WAS DECEASED EVER IN U.S. ARMED FORCES?

16b. SOCIAL SECURITY NO

17 INFORMANT George

No Record

Stains

Address

Yes, no ar unknawn)

215-18-2040 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY

DUE TO, OR AS A CONSEO

17 W. Baltimore agerstown

Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause

DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 3(g)

CERTIFICATION

19n. DATE OF OPERATION

196. CONDITION FOR WHICH OPERATION WAS PERFORMED

2Da AUTOPSY? YES F

2Db IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO F

21g ACCIDENT WAS UNDERLYING 23h TIME OF INJURY P DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, natify medical examiner)

saw the deceased alive on...

Manth Oay Year P.M.

DEGREE

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)

Caunty State

21d. INJURY OCCURRED While Nat while at wark

21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY, ) 21f. LOCATION Street or R.F.D. No. 220. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 19

\_19 (and that in (my) (our) apinion death occurred on the date and hour and from the

couses stated obave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE

ATTENDING PHYS 22e. ADDRESS DIRECTOR

STAFF PHYS.

City or Town

22c. DATE, SIGNED

22d. PHYSICIAN'S NAME (Fype)

23a. BURIAL, CREMATION

23b. DATE

23c NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery 23d. LOCATION (City or Town) Hagerstown (County) (State)

24. FUNERAL DIRECTOR

VR A15 (1)

30M REV

10/30/68

Hagerstown Md ADDRESS Coffman Funeral Home

2Sa. REC'D BY REGISTRAR 3 1

25b. REGISTRAR S SIGNATURE

executed within 24 hours after death. completely filled in by the fureral lave carban papers. Pages 1 time ve carban papers. Pagevent, within 72 haurs remave in any puo g please requires that the death certificat physici ar remayal. the attending phys crematian, signed by the burial-transit p attending physician. stached far use as the Dept. af Health prior ta has been TO FUNERAL DIRECTOR: After this certificate by the haspital ar detached State | þe director, page 3 shauld shauld be filed with the be retained

· f vi rc. Il. Ĺ

within 24 haurs after death

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician an<del>d com</del>pletely filled in by the fudirectar, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages should be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after

VR A15 (4) 30M REV, 1/48

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be

Page 4 may be retained by the haspital or attending physician.

15041

			•		CALL OF D							
I DECEASED NA			Middle		Lost		20. DATE OF DEATH 2b. HOU					HOUR
(Type or pre	herm.	IN	CECIL		STOUFFE	2	Oc	St. Month	D26	Y1968	3	M
3. SEX		4 RACE			S. DATE OF BIRT	H		6 AGE (In year		UNDER 1 YEAR	F JNDER	
	Male		White		Oct.	10 190	4	64 birthdoy	YRS.	INTHS DAYS	HOURS	MAN
70 BIRTHPLACE	(Stote or foreign	76. CITIZEN OF W	/HAT COUNTRY?	8 MARRIE	NEVER MARRI	ED 9	. COUNTY OF	DEATH				
touna Mt I	Lena Md.	u.s.	a.	WIDOW	_		Wa:	shingto	n			Md.
O CITY OR TO	WN OF DEATH	11 1	IAME OF HOSPITAL OR INS	TITUTION (	f not in hospital		OCCUPATION	(Kind of work	done	126 KIND OF		OR
Hage	erstown	give	Washingto	n Cou	nty	qriibo moi	harois	te, even if ref	ired.)	Fruit	Gro	WEX
30 USUAL RES	SIDENCE (Where deceos	ed lived, if institu	tion Residence before	13c. CITY		INSIDE CITY LIM		EET AND NUM	BER			
odmission) SI	Md.	13b COUNTY	sh.	Che	wsville	KEZ NO	X		_			
14. FATHER S N		Mrddle	lost		IS MOTHER'S MAIL	EN NAME Fir	rst	概	l <b>al</b> e		Lost	
	ELMER		STOUFF	ER	(	Gelina		Irvi	ng			
	ASED EVER IN U.S. ARA	IED FORCES? prior dates all services	16b. SOCIAL SECURITY N	10.	INFORMANT			Add	Iress			
Yes, no, or u	inknown)		578-24-39	74	Mrs. Ar	na Ru	th Ston	iffer	Chews	ville	Md.	
1B. CAUS	E OF DEATH (Enter on	y one couse per l	ine for (o), (b), and (c).	)		-73				APPROXII BETWEEN O	MATE INTER	
PAR	T 1. DEATH WAS CAUSED	) by Te cause (0) 🊅	Disself	Trug	anti	len	eury	sur		91	11	,
14	41.0		AS A CONSEQUENCE OF	-7					•			
	is, if ony, which gove	(b)	athen	rel	enous					Then	is	,
	nmediate couse (a), ( he underlying couse(	DUE TO, OR	AS A CONSEQUENCE OF									
lost.	)	(c)										
PART 2			UTING TO DEATH BUT NO	OT RELATED	TO THE TERMINAL I	DISEASE OR CO	ONDITION GIVEN	I IN PART 1(o)				
E 75	1x nos											
190. DATE	OF OPERATION 19b	CONDITION FOR W	HICH OPERATION WAS PER	RFORMED	20a. AUTOPS			YES, WERE FINE OF DEATH?	DINGS CONS	IDERED IN CE	RTIFYING	3
E					YES 💽	NO 🗌		X	-ca-	-		
	DENT WAS UNDERLYING TRIBUTING TALEATER			21c.	HOW INJURY OCCU	RRED (Enter	noture of injur	y in Port 1 br	Port 2, Iten	n 18.)		
	notify medical exami	er) P.M.	. 19									
	JRY OCCURRED 21e.	PLACE OF INJURY	( AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	TORY,) 21f.	LOCATION Street	or R.F.D. No.	City	or Town	1	County	2	itote
of work "	of work —				2-0	1_/	1	7/4				
22a 1 c	certify that (I) (th	s haspital) at	rended the decease	d from_	200	<u>تعاور</u> , <u>او ح</u>	O_, to	WG () C	7 1960	, that	{I} ( <del>w</del>	e) last
SO!	w the deceased a	(I) (me) (qiq)	(did not) view the	Y <u>©0,</u> (	ind that in (my) ir death	<del>(our)</del> opin	nan death a	ccurred an i	the date	and havr	and tra	ım the
22b, SIGN		, (i) (ii-) (ala	7 (did not) the wille	back and	a dediii.				22c DAI	E SIGNED 1	,	
	120	M	AM	DE	GREE PHYS.	ME DIE	RECTOR	STAFF PHYS.	10	127/	18	
22d PHY					22e. ADDRE		nee on	11113.	-/			
NAN	AE (Type)											
23o. BURIAL, C	REMAT ON, 23b	DATE	23c NAME OF	CEMFTERY	OR CREMATORY		23d LOCATIO	N (City or Town	n)	(County)	(State	)
REMOVAL	Writal O	et. 29	68 Caveto	own r	eformed (	demete	rv Car	zet.orm	100 =	sh C	ount	Y
24 FUNERAL D	HRECTOR		ADDRESS			So. REC'D BY	REGISTRAR	2Sb REG	STRAR'S SIG	NATURE		(
M	nnich Fun	eral Hom	e Smithsb	urg	Md.	DATE UI	CT 3 1	1968	Miles	mela (	11.20	10



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 20. DATE OF DEATH DECEASED NAME HANNIBAL Alexander Summons 2b. HOUR funeral 1 and 2 er death. ecated within 24 haurs after death (Type or print) ADRIAN 3. SEX S. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS lost birthday) MALE NEGRO HOURS 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED 🗍 NEVER MARRIED 🔀 country) WASHINGTON 4.5.A. DIVORCED | WIDOWED ( ysician and completely filled please remave carban pap 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR e street oddress) during mist of working life, An if retired.) Pitas 130. USUAL RESIDENCE (Where deceased lived if institution, Residence before 13c CITY OR TOWN 38 STREET AND NUMBER GREENCLOTTE and in any 14. FATHER'S NAME Middle Lost 15 MOZHER 5 MAIDEN NAME First Middle Last ummons Qummak INFORMANT the death certificate 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Treen cas Yes, pp. ppenknown] (If yet give war or dates of service) or remaya APPROX,MATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Conditions, if any, which gove signed by the burial-transit that rise to immed ate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) as the priar to l has been CERTIFICATION 19g DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o. AUTOPSY? CAUSES OF DEATH? for use Health Page 4 may be retained by the hospital or O FUNERAL DIRECTOR: After this certificate 21b. TIME OF 21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M PM. If either, natify medical examiner) detached 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Tawn County State While Not while at work 22a. I certify that (I) (this hespital) attended the deceased from and that in (my) (our) opinion death accurred on the date and have and from the saw the deceased alive an causes stated abave, (1) (we) (did) (did not) view the bady after death 22b. SIGNATURE 22c. DATE SIGNED ATTENDING director, page 3 shauld be filed to ed DIRECTOR PHYS. PHYS 22e. ADDRESS BREWER NAME (Type) 23a\_BUR AL, CREMATION, 23d LOCAT ON (City or Town) GREEN

VR A15 (4) 30M REV 1/68



1	MARYLAND STATE DEPARTMENT OF HEALTH	
FOR CTATE	15108 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEET	INEDICAL EXAMINER 3 CERTIFICATE OF DEATH	HOUR
2 0 0 0 T	(Type or Print)	7/2
<u>\$</u> 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	3 SEX 4. RACE 5 DATE OF BIRTH 6 AGE (in years 15 LADER 1 YEAR 16 LADER 24 HRS 2c. DATE PRONOUNCED DEAD 2d	HOUR
ond ond	Female White July2.1915 53 YRS Oct 4 1968	34
J, 2, rm P	70. BIRTHPLACE (Stole or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH COUNTRY)	
Pages ith far	WIDOWED DIVORCED Washington  10. CITY OR TOWN OF DEATH  11. NAME OF HOSP TAL OR INSTITUTION (If not in hospital) 120 USLAL OCCUPATION (Kind of work done 12b KIND OF BUSINES'	M
fer Beath Give Pages ing with far th the State	give street oddress) during most of working life, even if retired.) INDUSTRY	
Give ing th th	Hagerstown Beaver Creek Road Housewife Own Hon 13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c (ITY OR TOWN 13d, INSIDE CITY LIMITS? 13e STREET AND NUMBER	16
rs after 18. Giv e alang 2 with t death.	ddmission) STATE 13b, COUNTY Hagerstown YES NO R # 3, Hagerstown, Mc	
Item 18. Give Pages 1, Office along with farm land2 with the State Deafter death.	14 FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle Last	
	Frederick Henson Charlotte Patterson	
percul in xaminer's xaminer's lie pages 72 haurs	160 WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, no, or unknown) (If yes give wer or dates all service)  (Yes, no, or unknown) (If yes give wer or dates all service)  (Yes, no, or unknown) (If yes give wer or dates all service)	l.
to the same of the	None Charles Robert Swisher, R # 3	VA.
O 14	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (C) PART I DEATH WAS CAUSED BY	DEATH
· 후 등 등	14/09 IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF	
be exe "pendi hief Me onsit pe event	Conditions, if only, which gave rise to immediate cause (a).  (b) (a) (b)	
7 % M P P	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
she whe was to the	lost (c) afrene lumor	
s certificate sh s, writing the forwarded ta used as a bu smaval, and in	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
us certific ite, writin is forward se used as remaval.	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 20. AUTOPSY?	_
0	190. DATE OF OPERATION	40
He had be a second		
certification in the state of t	CAUSE OF DEATH P.M 19	Co. I
te the certific the the certific that the tertific that the the that the tertific th	WHILE NOT WHILE factory, office building, etc.)	State
ecute ecute Page ar yo ar yo al, cr	22a. I certify that I taak charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my a	ninini
<b>⋥</b> ⋉ . ~ <b>P</b> '=	death resulted fram Natural causes 2, Accident , Suicide , Hamicide , Undetermined manner	prila
d d d d d d d d d d d d d d d d d d d	CHIEF MEDICAL EXAMINER	
- 20 a 4 5	ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED	4
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necessary, the funeral small beauty be O FUNERA Health pr	NAME (Type)  ADDRESS(Street, city, town, or county)  230 BJRIAL, CREMATION, 23b DATE 23c NAME OF SEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)	
E 1,2	REMOVAL (Specify)	
	24 FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR 250 REGISTRAR'S SIGNATURE	
VR A15ME (5) 10M REV. 1/68	Coffman Funeral Home, Inc. Hagerstown DATE OCT 10 1968 fclorles Judge	
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FOR STATE  11-13-68 MEM B DIVISION OF VITAL RECORDS, 301, W. PRESTON STREET, BALTIMORE, MARYLAND 21201  THE STATE STATE STATE STATE STATE OF DEATH  15 1 1	9	
HEALTH DEPT. 1 GEOGRED NAMED. First Middle Last 20. DATE KNOWN Month	Day Year 2b, HOUR	
HEALTH DEPT.    Diane   Martha   Twigg   Death mated   100	60 1967 720 NOUN	
3 SEX 4 A RACE S DATE OF BIRTH 6. AGE (in years If UNDER 14 HRS 2c, DATE PRONOUNCED DEAD	2d HQUR	
female white 2-22-1949 los bimody ANNIES ONYS HOURS MIN. Month Doy	Year 19 68- 11-32N	
7a. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH		
Maryland USA WIDOWED DIVOKED WAShing to		
Maryland  10. City Or Town Of DEATH  Fort Ritchie  13a USUAL RESIDENCE (Where deceosed dived, if institution, Residence before 13c City Or Town)  13b. COUNTY  13c. COUNTY  13	126 KIND OF BUSINESS OR INDUSTRY Auto Dealer	
13a USUAL RESIDENCE (Where deceosed rived, if institution. Residence before 13c. CITY OR TOWN 13d 14500 CITY LM15? 13e. STREET AND NUMBER admission) STATE Md. 13b. COUNTY Allegany Cumberland YES   NO X   Bedford I		
Md. MILLEGATI, Compositation Decision	load	
14. FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	lost	
Ze C. Edward Iwigg Decty Hallstote		
160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or Unknown) (If yes gree wor or dates of service)  16b SOCIAL SECURITY NO  17. INFORMANT  Mr. C. Edward Twigg Cumberla	nd Md	
	APPROXIMATE INTERVAL	
名: B 信長 PART L DEATH WAS CAUSED RY	BETWEEN ONSET AND DEATH	
14) 4 IMMEDIATE CAUSE (a)		
Conditions, if ony, which gove injuries and fracture		
Conditions, if ony, which gave rise to immediate cause (a), stating the underlying couse last (c).  Conditions, if ony, which gave rise to immediate cause (a), stating the underlying couse last (c).		
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  196. CONDITION FOR WHICH OPERATION  WAS PERFORMED?		
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  19b. CONDITION FOR WHICH OPERATION  19b. CONDITION FOR WHICH OPERATION	DO SUPPLIES	
O T T T T T T T T T T T T T T T T T T T	20. AUTOPSY?	
	YES NO	
The state of the s	uiii 10.j	
CAUSE OF DEATH  CAUSE OF DEATH	County State	
4 4 4 5 6 0 5 1 1 waits — wat waits — 1 foctory, office building, etc.)	sh. Md	
220   certify that I took charge of the remains described obove, held on Autopsy   Inspection  , Inquiry	and in my opinion	
220   certify that I took charge of the remains described above, held on Autopsy Inspection I, Inquiry death resulted from: Natural causes I, Accident I, Suicide I, Hamicide I, Undetermined monner	<b>24</b>	
deoth resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined monner  CHIEF MEDICAL EXAMINER   ACTUAL SIGNATURE CLUCK  M.D., ASSISTANT MEDICAL EXAMINER   226. DATE		
ACTUAL SIGNATURE CLIVATE IN A INTO M.D. ASSISTANT MEDICAL EXAMINER 226. DATE	SIGNED	
deoth resulted from: Natural causes , Accident x, Suicide , Homicide , Undetermined monner  CHIEF MEDICAL EXAMINER   ACTUAL SIGNATURE CLUCIAL W. Washington St., Hagerstown, ASSISTANT MEDICAL EXAMINER   EXAMINER'S 217 W. Washington St., Hagerstown, ADDRESS(Street, city, town, ar county)  230 BURIAL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	×27-80	
250 HOME OF CENTERN OF CREATION OF CREATION OF CREATION	(Caunty) (State)	
Burial 10-14-68 Hillcrest Burial Park Cumberland.	Md	
VRAISME 24 FUNERAL DIRECTOR ADDRESS 250 RECD BY REGISTRAR 1968 REG	The state of the s	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15110 CERTIFICATE OF DEATH 15120 2b HOUR A DECEASED-NAME First Middle Lost 20. DATE OF DEATH ond 2 deoth. executed within 24 hours ofter death. (Type or print) 68 2:50 N THEODORE HENRY WEAVER S. DATE OF BIRTH 6 AGE (In years 15 LINDER 1 YEAR IF LINDER 24 HRS. 3. SEX 4 RACE lost birthday) DAYS HOURS MALE WHITE JANUARY 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 70 BIRTHPLACE (State or foreign B. MARRIED (X) NEVER MARRIED country) MARYLAND bon papers. within 72 h completely filled in U.S.A. WASHINGTON WIDOWED [ DIVORCED [ 11. NAME OF HOSPITAL OR INSTITUTION (if not in hospital 10. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working life, even if retired give street oddress INDUSTRY HAGERSTOWN CABINETMAKER WASHINGTON COUNTY HOSP RETTRED ORGAN FACTOR 130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before, 13c, CTY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE MARYLAND 13b. COUNTY YES 🕁 106 S. ANTIETAM ST and in ony 15. MOTHER'S MAIDEN NAME First 14 FATHER'S NAME Middle Middle First the ottending physics. WILLIAM WEAVER requires that the death certificate 16b. SOCIAL SECURITY NO 17 INFORMANT Address S. ANTIETAM ST 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 106 Yes, no, or unknown) (If yes give wer or dates of service) cremation, or removol, 214-09-8007A MRS. NORA FUNKSTOWN. MARYLAND IB. CAUSE OF DEATH (Enter only one couse per one for (o), (b), and (c).)

PART I. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (o)

Pulmonary BETWEEN ONSET AND DEATH Pulmonary emphysema, advanced, bilateral 26% hr. ventricular failure DUE TO, OR AS A CONSEQUENCE OF With right Conditions, if ony, which gove ) burial-transit rise to immediate couse (a), signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) hypertrophy with obstruction os the Page 4 may be retained by the hospital or oftending O FUNERAL DIRECTOR: After this certificate has been 19c. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? of Health p YES 🗀 NO IX 210 ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) 216 TIME OF INJURY TOR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Yeor (If either, notify medical examiner) 21d. IN. JRY OCCURRED ( AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D No. 21e. PLACE OF INJURY City or Town County Stote While Not while at work 22a I certify that (1) (this has pixel) attended the deceased from and that in (my) (60f) apinian death occurred an the date and hour and fram the saw the deceased alive anshould causes stated above, (1) (We) (did nat) view the bady after death. 22c DATE SIGNED 22b. SIGNATURE ATTENDING STAFF director, page 3 should be filed v 10/9/68 DEGREE PHYS DIRECTOR 228 ADDRESS 22d. PHYSICIAN'S NAME (Type) B.B. KNIESLEY. W WASHINGTON ST. HAGERSTOWN. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BUR AL, CREMATION 23b. DATE (County) (Stote) REMOVAL (Specify) 1968 Sb. REDISTANCE AND TON FUNKSTOWN WASHINGTON 24. FUNERAL DIRECTOR ADDRESS 2So REC'D BY REGISTRAR

HAGERSTOWN.

MARYLAND

Charles A. Rouzer



2	11-13-68 am DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201														
FOR S	STATE		15111 MEDICAL EXAMINER'S CERTIFICATE OF DEATH								1512	15121			
HEALTH	DEPT.			CEASED-NAME ype or Print)	First		Middle	6		Lost	2	DATE KNOWN		Day Yes	
× 2 0	10		11	ype or rim)	Ge	rald		rson		Weikel		OF ESTI DEATH MATED	P 10	(0 1	168 7 70 M
			3 SE		4. RACE	S DATE OF BIR		6 AGE (In years	JF UNDER	DAYS HOURS	24 HRS 2	c. DATE PRONOUN	CED DEAD	V	2d HOUR
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form	9		country) Michigan U.S.A. W DOWED DIVORCED Washing for										Trac wine a	Md	
ier death Sive Pages ng with form	with the State Depo	/	10 CITY OR TOWN OF DEATH  11 NAME OF HOSPITA. OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSIN Hagerstown  12 Usual OCCUPATION (Kind of work done 12b KIND OF BUSIN Hagerstown Weshelder) Nobysiry Automob												
fter Siv	with t	,	130	USUAL RESIDENC	E (Where deceose	ed lived, if institu	it on: Residence	betore 13c (II	Y OR TOWN	3d. JASIDE CITY	E(M;TS7 ]	3e STREET AND N	UMBER		
SF 3	2 w	/ ]	00	miss on) SIATE Mar	yland	TAP COUNTY I	lontgome			le YES 🔏		700 Ken	t Str	eet	
(を重要	lond 2	- 4	14 FA	THER'S NAME	First	Middle		Lost		RS MAIDEN NAME	First		Middle		Lost
24 In	pages lond2				Joseph		eikel			Vera					
within pencil comine				YAS DECEASED EVI IS no, or unknow Yes	ER IN U.S. ARMED FI	OREES? rogge datas of service)	16b SOCIAL SECU	RITY NO	17. INFORMA	NT Trans LL	. d 1 T	ADD	RESS	4 4	<i>V-4</i> 17
tould be executed within 24 word "pending" in pending the Chief Medical Exominer's	File 72								Juary	Ella We	errer	- Wile-	Sime	1 Cem	MATE INTERVAL
rted i'' ir	nsit permit. Fi event within			18 CAUSE OF	DEATH (Enter on y	y one couse per li BY	ine for (o), (b), or	nd (c).}	71111	1111111	Mari	tiple		BETWEEN	ONSET AND DEATH
xect ding	perr t w			11,	IMMED AT	TE CAUSE (o)	AS A CONSEQUEN	ict of	RNU	4NA 91 4	3,002	ATPIG			
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PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)															
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AL I	moy be retained for FUNERAL DIRECTOR: calth prior to buriol,	4/								Autopsy 📑					n my apinian
Se e	RECT b bu			death res	sulted fram:	Natural caus	ses, Ac	cident 🔀,	Suicide	, Hamici	de 🔲,	Undetermine	d manner	X190	
please	AL DIRI			ACTUAL	50	0	0 94.	TI		CHIEF MEDICAL		_	22b. <b>DATE</b>	FIGHER	
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o Lec	5 moy ro Fune Health		23o	BUR AL, CREMAT	ON, 23b	DATE	23c NAA	AE OF CEMETER	Y OR CREMAT	TORY	23d L	OCATION (City or	Town)	(County)	(Stote)
	_			REMOVAL (Special		15./68	S	pohrs	Cross	Roads	B	erkley	Sprin	g. Wes	t Va.
VI	R A15ME (5)		24. T v	FUNERAL DIRECTO	R eeler Fu	neral F	iome Roy	ADBRESSIOC Cleara III	VATTT	e Plisorec			REGISTRAR S		
10	M REV 1/68		~ )		, C 2 C 1	rescrat +	TOME TO	OKATTI	e , mu	DATE	U I	5 1968	galie	way !	udge
													4	0	0



24 FUNERAL DIRECTOR

Hagerstown, Md.

ADDRESS

Home

Inc.

L.Williams Fairplay R.#1 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20 AUTOPSY? YES NO T County. Inquiry and in my apinian Undetermined manner 22b. DATE SIGNED 10-10-68 (County) Hagerstown, Maryland. 250 REC D BY REGISTRAR 25b REG STRAR S SIGNATURE 1968

Year

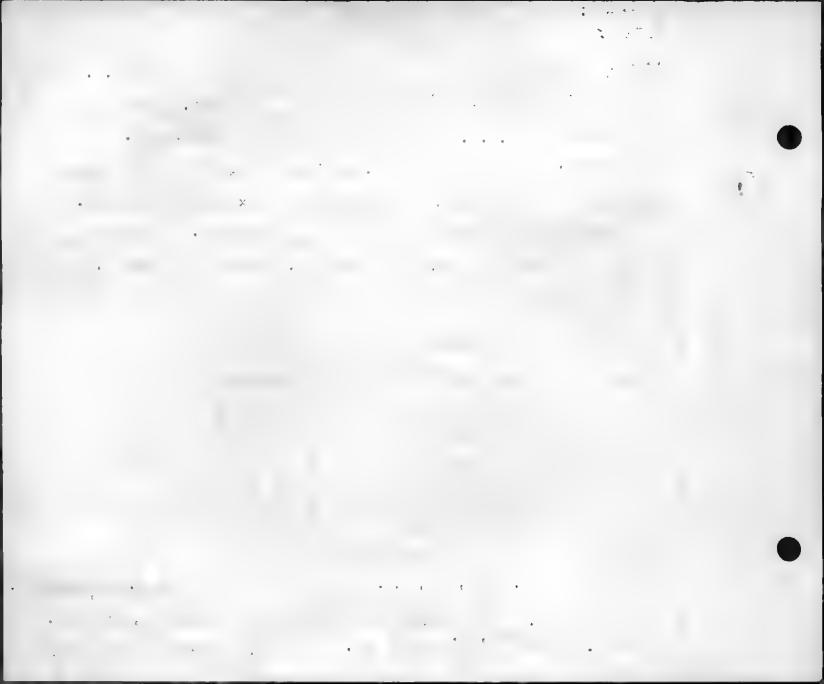
12b KIND OF BUSINESS OR

Infant

NDUSTRY

2b. HOUR

2d. HOUR



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item 8 Film 0405 CEDYPTERTED DEATH CERTIFICATE OF DEATH 1. DECEASED-NAME Middle LosII 2a. DATE OF DEATH First 2b. HOUR (Type or print) ROMAN EDWARD WILLIAMS **1968** 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR F JNDER 24 HRS 3. SFX lost birthdoy) Male White Sept. 14 1908 70. BIRTHPLACE State or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED MEVER MARRIED country) U.S.A Washington WIDOWED, OK DIVORCED 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10 CITY OR TOWN OF DEATH 12a LSUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR give street codies; we shington County Hespitaling most of working life, even if refired) Hagerstewn Farm 13c CITY OR TOWN 3d. INSIDE CITY SIMITS? 13e STREET AND NUMBER 13d USUAL RESIDENCE (Where deceased lived, if institution, Residence before Williamsperts NOK Jab. COUNTY Williamsport Md. RFD the attending physician and comisit permit. Then please remove and in any 14. FATHER S NAME IS. MOTHER'S MAIDEN NAME First Williams Annie Criner 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Addrewilliamsport Md. Yes, no or unknown) (If yes give war or dates of service) 216-14-5154 Mrs. Catherine S. Williams RFD #1 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
 PART I. DEATH WAS CAUSED BY. BETWEEN ONSET AND DEATH neuman > 3 IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave ) signed by the burial-transit p nse ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been as the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 19a. DATE OF OPERATION CAUSES OF DEATH? of Health 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY OR CONTRIBUTING TEAUSE OF CEATH HOUR A.M. (If either, notify medical examiner) 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County State While Not while 220. I certify that (I) (this hospital) attended the deceased from SODE 1964, ta OCE 1968, that (I) (Web) last sow the deceased alive on OCE 7 1968, and that in (my) (OCE) apinian death occurred an the date and hour and from the courses stated above, (I) (DOE) (did) (did not) view the bady ofter death. 22c DATE SIGNED 22b. SIGNATURE-ATTENDING PHYS MED DIRECTOR director, page 3 should be filed v DEGREE 22d. PHYSICIAN'S 230 BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (County) (Stote) BURENOVAL (Specify) Oct. 10-68 Mennenite Cemetery Near Pinesburg 24 FUNERAL DIRECTOR Albert L. Leaf Williamsport, Md. 30M REV

24 haurs after death.

PHYSICIAN: The law requires that the death certificate be executed

Page 4 may be retained by the haspital ar attending

MARYLAND STATE DEPARTMENT OF HEALTH



Dunkard Cemetery

Hagerstown ADDRESS Home Inc

250. REC'D BY REGISTRAR DATE OCT 3 1

Broadfording Wash Co Md.

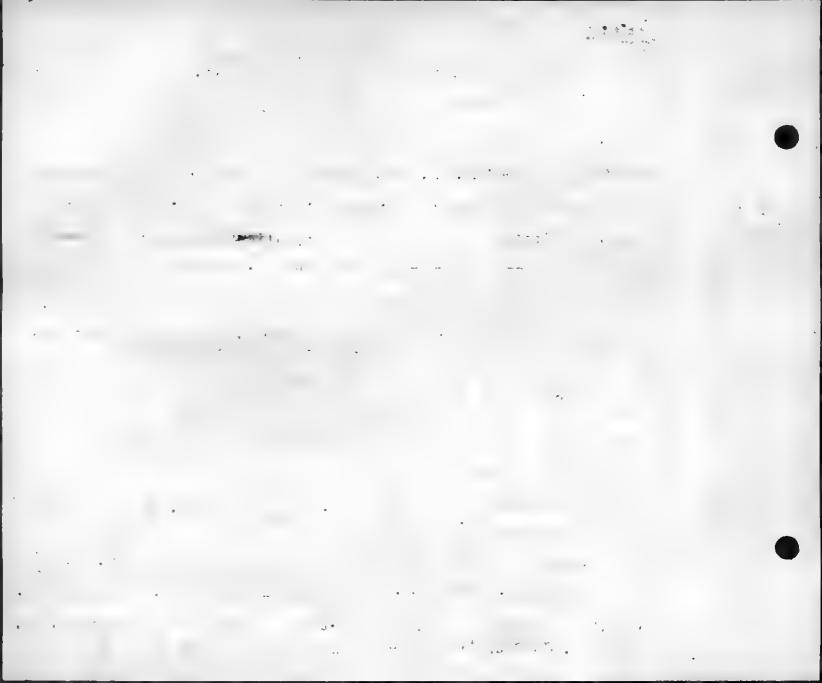
25b. REG STRAR'S SIGNATURE

VR A15 (4)

REMOVAL (Specify)

24. FUNERAL DIRECTOR

10/30/68



ges I and 2 after death.

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs at Page 4 may be retained by the haspital or attending physician.

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15125

			CER	HIFICALE OF	DEATH		-	0 3.14 47			
1. DECEASED-NAME	First		Middle	Last	2a.	DATE OF DEATH	D-	V	2b. HOUR		
(Type ar print)	Rude	lph	jesse	Witn	ner	Oct. Month	21	1968	7:30A		
SEX		4. RACE		S. DATE OF BI	RTH	6. AGE (li			HOURS MIN.		
Male		Whi	te	8/20	/87	idsi dili		UNITS UNIS	MIN.		
BIRTHPLACE (St		76. CITIZEN OF WH	AT COUNTRY? 8. N	ARRIED # NEVER MAR	RIED 9. CO	UNTY OF DEATH					
inches	ster Va	U.S.	A. W	DOWED DIVOR	CED 🔲	Washing	ten		Md		
CITY OR TOWN		11. NA	ME OF HOSPITAL OR INSTITUT	ION (If not in haspital	12a. USUAL OCC	UPATION (Kind of	vark dane	12b. KIND OF BI	USINESS OR		
Hagers	stewn	give	reet address) Nash. Co.	Hespital	Reti	warking life, even	d wer	Ker. Fl	oor C		
a. USUAL RESIDE	NCE (Where deceas				13d. INSIDE CITY LIMITS?	13e. STREET AND	NUMBER	,			
missima state	land	Washi	ngten C	lear Spr	ARZ NO W	Reute	1				
. FATHER'S NAME	First	Middle	Last	IS. MOTHER'S MA	AIDEN NAME First		Middle		Last		
John		#	Witmer		Mar	v	#	Cu	rlv		
a. WAS DECEASE	DEVER IN U.S. ARA	Very de destas ef sances	16b. SOCIAL SECURITY NO.	17. INFORMANT			Address		Md.		
Yes, na, ocunkn	N.	var or dates at service)	212-24-508	6 David	i Witmer	Route	In c	lear S	princ		
			e far (a), (b), and (c).)					APPROXIMA BETWEEN ONS	SET AND OEATH		
PART I.	DEATH WAS CAUSEI	D BY: ATE CAUSE (o)	Chronic U	Jremia				unknov	wn		
518	X		SOM CHEMICAL STREET, CHICAGO	7							
	any, which gave		Cor Pulmo	nale				unkno	wn		
rise to imme		unknown									
last,											
PART 2. OTH	ER SIGNIFICANT COI	NOITIONS CONTRIBUT	ING TO DEATH BUT NOT RE	LATED TO THE TERMINA	L DISEASE OR CONDIT	ION GIVEN IN PART	l(a)				
526X			sema and F								
190. DATE OF I	one 19b.	CONDITION FOR WHI	CH OPERATION WAS PERFOR		CAUSES OF			S, WERE FINDINGS CONSIDERED IN CERTIFYING			
THE THE				YES 🔀			yes				
	IT WAS UNDERLYIN TING □ CAUSE OF OEA!		INJURY Manth Day Year	21c. HOW INJURY OCC	URRED (Enter natur	re of injury in Part	or Part 2, Ite	m 18.)			
	rify medical exami	ner) P.M.	19								
ZIG. HOUNT	OCCURRED 21e.	PLACE OF INJURY	AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.	21f. LOCATION Stree	ar R.F.D. Na.	City or Town		County	State		
While No	t work					4	****				
22a. 1 cer	t <b>ify</b> that (I) (th	ischestati) atte	nded the deceased for	am 10/09/68	5 19	, to 10/21	/68 19_	, that (	I) (vec)clas		
saw 1	he deceased a	live on	(ACCACT) view the bady	, and that in (m , after death	y) (o <del>ur)</del> apinian	death accurred	an the date	and haur a	nd fram the		
22b. SIGNATU		e, (i) (ine) (olo) (	THE DUO	and again.			22c. DA	TE SIGNED.			
	P. R. C	Dober	Coli n	EERE PHYS.	IG MED.	OR STAFF		TE SIGNED   68			
22d PHYSICI	AN'S A		rt Cohen, M.		41114714		nd 212	72.2			
NAME (T	ype) Arc	ine Kobe	ct Conen, M.	. C	RESS ear Sprin	ig, Maryla	and ZI/	44			
BURIAL, CREN		DATE	23c. NAME OF CEME	TERY OR CREMATORY	23d	. LOCATION (City or	Tawn)	(Caunty)	(State)		
REMOVAL (Sp.	ecify)	0/23/68	St. P	auls Ceme	terv	Western	Pike	Wash	. Md		
. FUNERAL DIRE		2	ADDRESS	OPIS VENI	25a. REC'D BY REG	SISTRAR 25b.	REGISTRAR'S SI	GNATURE			
1ma	cant 1	Youland	Olana Com	ton Md	DATE OCT 2	2 4 1968	Julia	was Ju	dec		

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled directar, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban pages and the State Dept. af Health priar to burial, crematian, or remaval, and in any event, within 1 VR A15 (4) 30M REV, 1/68

15015 18 25 .deo tendi cassi unTucur ..... Lastrater. Partition Con. All towers, remains the highest the latter and the second in the second E sames \_\_\_\_\_\_ English that's natural natural line I form The variety of the control of the co the second of th pleasants and British East Ware Was all the same of the bar a La Committee Contract of the The appropriate of the same of sort of the contract of the co apply of the time of the second section of the section of the

15103

2a. DATE OF DEATH 1. DECEASED-NAME 2b. HOUR S. DATE OF BIRTH 6. AGE (In years WHITE NOV. 20. X1894 70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) MARYLAND WASHINGTON U.S.A. WIDOWED [ DIVORCED [ 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR WASH POWETON HAGERSTOWN HOSPITAL 13c. CITY OR TOWN 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY admission) STATE WMSPT. YES Y NO W.POTOMAC ST. Middle 14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First CLETUS ZIMMERMAN MARY JANE TRUMPOWER 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, grjunknown) (If yes give war or dates of service) 220.26.5857 POTOMAC B GORGE ST. 1B. CAUSE OF DEATH (Enter only one cause per line for (o)-)(b), and (c).)
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o Conditions, if any, which gave ) rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION OFFEN IN PART 1(0) Cardia V25 CU/2V Sclerotic 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o. AUTOPSY? CAUSES OF DEATH? holeliThiasis YES T 21g. ACCIDENT WAS UNDERLYING 23b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) TOR CONTRIBUTING TO CAUSE OF DEATH HOUR A.M. Manth Day (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County Stote While Not while at wark 22a. I certify that (I) (this hospital) attended the deceased from 210 cf., 1968, ta 246cf., 1968, that (I) (we) last saw the deceased glive an 30cf. 1968, and that in (my) four) apinian death accurred an the date and haur and from the causes stated above, (I) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR DEGREE PHYS. 22d. HYSICIAN'S 22e. ADDRESS NAME (Type) 23a. BURIAL, CREMATION, 23h DATE 26.68 23c. NAME OF CEMETERY OF CREMATORY
GREEN LAWN 24. FUNERAL DIRECTOR 25g, REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATUR 196B

funeral 1 and 2 er death. within 24 haurs after death attending physician and sermit. Then please rem and in ATTENDING PHYSICIAN: The law requires that the death certificate be signed by the burial-transit p has been O FUNERAL DIRECTOR: After this directar, page 3 shauld be filed v SOM REV. 1968

